

SCOPE OF THIS CHAPTER

This chapter details guidance on what is normal sexual behavioural development and what may be sexually problematic or sexually abusive. It covers all children and young people with harmful sexual behaviour (HSB) and included looked after children in both residential and foster care.

RELEVANT LEGISLATION AND GUIDANCE

[Working Together To Safeguard Children](#)

[Interagency Safeguarding Children Procedures \(NSCB and NCSCB\), Sexually Harmful Behaviour Procedure](#)

[Interagency Safeguarding Children's Procedures \(NSCB and NCSCB\), Underage Sexual Activity Procedure](#)

[Interagency Safeguarding Children Procedures \(NSCB and NCSCB\), On-line Safety](#)

[Pathway to Provision | Nottinghamshire County Council](#)

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

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1. Introduction

It is important that a child who displays harmful sexual behaviour receives a consistent multi-agency response from agencies who are working together to achieve the best outcome. The welfare of the child is paramount, and the primary objective is to reduce the likelihood the child will display any further harmful sexual behaviour and address the needs of the subject child and any victims.

This guidance aims to help staff make a judgment as to whether the behaviour of one child towards another is within anticipated developmental norms, is sexually problematic or is sexually abusive; it also aims to give guidance about referrals, assessments, and service plans. It should be read in conjunction with:

[Nottinghamshire and Nottingham City Safeguarding Children Boards' Safeguarding Children Procedures.](#)

[Inter-agency Practice Guidance, Safeguarding Children and Young People from Sexual Exploitation](#)

In this practice guideline, 'child ' refers to all children living with a family, children who are looked after and those on remand or serving community or custodial sentences.

2. Definition

This guideline uses the NSPCC definition of harmful sexual behaviour:

'One or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.'

(Harmful sexual behaviour: what is harmful sexual behaviour NSPCC).

There are different terms used to describe harmful sexual behaviours:

a) **Sexually Harmful (Abusive and / or Violent) behaviour** which is initiated by the child where there is an element of manipulation or coercion to ensure the victims compliance, or where the subject of the behaviour does not or is unable to give informed consent.

The same definition of Sexual Abuse applies to the behaviour of children, as applies to the behaviour of adults who abuse children.

“Sexual abuse involves forcing or enticing a child to take part in sexual activities; not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetrative (e.g., rape buggery or oral

sex) or non-penetrative acts such as masturbation, kissing rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of sexual images, watching as sexual activities, and encouraging children to behaviour in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate off line abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.”

(Working together to Safeguard Children July 2018)

b) **Sexually problematic (or inappropriate) behaviour** refers to sexual activities with no overt element of victimisation but can include behaviours which are developmentally unusual and socially unexpected, they may include behaviours which show an element of compulsion or excess. Consent issues might be unclear and there may be a lack mutual understanding or power differences.

Sexually problematic behaviours can affect the development of the child, provoke rejection, cause distress or increase the risk of victimisation of the child.

As both **Sexually Harmful** and **Sexually Problematic** behaviours are developmentally inappropriate and may cause developmental damage, they are both considered to be Harmful Sexual Behaviour.

A child can display Harmful Sexual Behaviour, alone, with others or using the internet and / or any image-creating / sharing or communication device.

NSPCC continuum guide

Use this guide to distinguish sexual behaviours that are developmentally typical, problematic or harmful.

[Responding to children who display sexualised behaviour \(nspcc.org.uk\)](https://www.nspcc.org.uk).

3. Context and Key Features of Children who Sexually Harm

Children with harmful sexual behaviour are highly diverse, with different backgrounds, motivation, age at onset of the harmful sexual behaviour, types of behaviour exhibited, and the children that are harm targeted.

Retrospective studies show that between 25 - 30% of all alleged sexual abusers are young, mostly male adolescents, it is however known that females can sexually abuse others.

There is no particular bias in relation to the ethnicity of children with sexually harmful behaviour. Children with learning disabilities are known to be over-represented in this group for a variety of reason.

Children who display harmful sexual behaviour are often not emotionally mature, are still developing and testing out their sexual feelings and understandings and cannot be treated in the same way as adults. Early intervention in cases of harmful sexual behaviour can assist young people to have a healthy developmental pathway and continue to make healthy peer relationships.

Language we use is important when working with children who have exhibited harmful sexual behaviours, by moving away from the terminology perpetrator and victim, and by using of 'a child that harms' and a 'child that has been harmed' ensures the child is central to future planning.

4. Referral and First Steps

This section should be read in conjunction with the [Pathway to Provision – Multi Agency Threshold Guidance for Nottinghamshire Children's Services](#), section D6: Concerns about children displaying sexually harmful behaviour.

Where the sexual behaviour of a child is considered to be Harmful Sexual Behaviour (HSB) the details must be passed on without delay to Children's Social Care, by whichever agency becomes aware of it, via the MASH (Multi-Agency Safeguarding Hub) or to the appropriate Children's Social Care Team (for an open case).

On receipt of the information, separate referrals must be opened on both / all the children involved, those alleged to have displayed harmful sexual behaviour and those children who has alleged been harmed.

5. Social Work Assessment

Where there is reason to suspect that a child has displayed Harmful Sexual Behaviour, the needs of this child and the child who has been harm (if identified) must be considered in a Child and Family Assessment. In most circumstances to prevent conflicts of interest, allocation of alleged child who has harm and child who has been harm to different workers should be considered.

Refer to: Nottinghamshire Children's Social Care Service Procedures Manual [4.2 Child and Family Assessment](#)

The assessment should consider whether an incident has occurred, and if the described circumstances are considered **Sexually Harmful** or **Sexually Problematic**, referring to the age of the child, the child's gender, and the extent of the child's learning needs.

It is essential at this early stage that there is inter-agency liaison and information sharing which must involve the Police, Children's Social Care, the local Youth Offending Team and other professionals who have knowledge of the child and / or the alleged incident.

The assessment should determine whether the child is in need, the nature of any services required and whether a focused child and family assessment should be undertaken to assist the local authority in its decision-making.

Where information gathered results in the social worker suspecting that a child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether it must initiate enquiries under section 47 of the Children Act 1989. The social worker

undertaking the assessments for both the alleged child who has harmed and the child(ren) who has been harmed must consider if a strategy discussion is required.

Acts of omission or commission by a parent / carer which have placed or left the child at risk indicate the need to consider the need for child protection enquires.

Refer to: [Interagency Safeguarding Children Procedures – Child Protection Enquires](#)

It is important to note that not all children who displayed harmful sexual behaviour will need further social work assessment and/ or intervention and as with any social work assessment a range of outcomes should be considered.

The AIM Checklist must be used and evidenced when completing a Social Work Assessment (Child and Family Assessment) where there is a concern that a child may have displayed HSB. There are four AIM Checklists available to support social workers with decision making. These are:

- Adolescent Checklist
- Adolescent with Learning Disability Checklist
- Checklist for Under 12 years
- Checklist for Under 12 years with a Learning Disability

These tools should be used to support the analysis, when determining the level of seriousness of the alleged Harmful Sexual Behaviour and to conclude if the alleged behaviour should be considered as normal in terms of a child's development, **Sexually Problematic** or **Sexually Harmful**.

[Responding to children who display sexualised behaviour \(nspcc.org.uk\)](http://nspcc.org.uk)

If the **Social Work Assessment** identifies that the child has **sexually abused** another child, the Team Manager must decide whether a child against whom an allegation has been made should be the subject of a **focused child and family assessment**.

The Team Manager must contact the designated Child Protection Coordinators immediately and agree the next steps.

- The Team Manager must provide the designated Child Protection Coordinators with a summary of the referral concerns, alleged **sexually abusive behaviour** and an analysis informed by the appropriate AIM checklist for their age and development.
- The Child Protection Coordinator will agree whether or not the threshold for a **focused child and family assessment** is met in the particular case and if / when the matter should be booked into a **HSB panel**.

The Child Protection Coordinator will inform the Team Manager and allocated worker of their decision and will record this on the child's electronic case file.

Once it is agreed by the child protection coordinator that a **focused child and family assessment** is needed, and the matter should be brought to a **HSB panel** it is the responsibility of the allocated worker (lead professional) to make an immediate request for a panel date.

A conference booking form should be completed and sent by email to Cpconf.cpconf@nottscc.gov.uk a date and time will be given for the next available HSB panel which falls 45 days after the child protection coordinators decision to complete a **focused child and family assessment**.

The allocated worker (lead professional) must identify any specific professionals who need to be invited to the panel and these details must be included on booking form. Invitations will be sent by the meeting support service to the identified professionals.

Because of the sensitive nature of HSB allegations and the child's right to privacy, additional agency invitations should be limited to individuals with a need to know and / or a direct contribution to make.

The allocated worker (lead professional) with the support of a HSB lead practitioner must provide their completed **focused child and family Assessment** to the HSB panel the Monday before panel is due to take place.

In the vast majority of cases a focus child and family assessment will be sufficient to be able to identify and assess support needs for the child who has displayed harmful sexual behaviour, however it is important to note that in some instances and AIM3 assessment maybe specifically requested if the level of concern requires a more in-depth assessment.

6. Focused Child and Family Assessment

A focused Child and Family Assessment (or updated Child and Family Assessment) will be completed within a 45 working day timeframe, which is informed by the use of specialist tools which include the, AIM3 Framework, AIM3 Framework and the Technology-assisted Harmful Sexual Behaviour (TA-HSB) Guidance.

A focused **Child and Family assessment** will be completed by the allocated worker (lead professional) with the support of a worker who has been trained to use the AIM3 Framework, the support offered by the trained AIM3 worker will look different for each child and will depend on the complexity and the needs of the child who has displayed harmful sexual behaviour. But at a minimal will include a planning session and a SAAF (Safeguarding Assessment Analysis Framework) session.

The Team Manager must ensure that the workers completing the **Focused Child and Family Assessment** have the necessary training and skills to complete this. Where there is no suitably trained worker available in the team, a co-working arrangement can be agreed with a social work practice consultant.

Where there is reasonable prospect of a criminal outcome the responsible Social Work Team Manager will discuss with the relevant Youth Offending Team Manager and agree who will undertake the **Focused Child and Family Assessment** with the child who is alleged to have offended.

The protocol between the Youth Justice Service and Children's Social Care covering this is attached as Appendix 1: **Youth Justice Service (YJS) and Children's Social Care Protocol about Responsibilities and Joint Working**

It is important to note that most, but not all, **Focused Child and Family Assessments** will use the AIM3 Framework to inform analysis and decision making. A decision about which tools to use will be made based on the specific circumstances of the case by the lead professional and HSB lead professional.

Nottinghamshire County Council note that the AIM3 Framework is only validated by research for young males aged 12 – 18 years who do not have specific learning difficulties. However, notwithstanding this, AIM3 provides a useful model to assist professionals working with all children and their family/ carers to carry out an assessment of sexually abusive behaviour.

The AIM3 Framework should be used to inform future planning when there is a reasonable cause to believe that a child has sexually abused, the child may or may not have been charged, prosecuted, or convicted of the abuse. The behaviour that has triggered the assessment may not be the only harmful sexual behaviour that the child has committed but will be considered the 'referral' offence/incident.

The AIM3 Framework does not make decisions for assessors but will support decision-making by focusing on strengths and concerns.

If the case is already in the Family Proceedings Court, permission of the court is required to carry out the **Focused Child and Family Assessment**.

Where there is a current or ongoing criminal investigation, or the matter is awaiting a court hearing the lead professional must gain the consent of the police / CPS before undertaking the assessment.

It is essential that the lead professional and HSB lead practitioner work together to plan and complete the assessment in a timely manner as delay will result in the child who has harm not receiving timely intervention and could lead to further harmful sexualised behaviour.

The lead professional and HSB lead practitioner will put together an assessment plan for the child and agree roles and responsibilities for the collection of information from other professionals and relevant agencies.

Once the information is gathered, and if an AIM3 assessment is being completed the lead professional and HSB lead practitioner must jointly complete the AIM3 Framework scoring tool using the information collected. If the AIM3 tool is not being used, but the assessment is being informed by the AIM3 principles, then the lead professional and HSB lead practitioner must jointly meet to discuss the analysis and recommendations of the assessment, the use of the SAAF framework will support in framing decision making.

If the child is likely to be prosecuted, but denies committing the offence, has made a 'no comment' statement to the police or has pleaded, or intends to plead not guilty to the alleged offence they should not be

interviewed as part of this assessment process without the explicit agreement of their legal representative. Similar consideration should be given to interviews with the child's family. In such circumstances or others where the child does not agree to participate an assessment may be completed out based on all available information, but it should be stressed that such an assessment is likely to provide a limited outcome.

The assessment should seek to ascertain the 'voice of the child' which should be included in the [Child and Family Assessment](#) . Where appropriate the lead practitioner will meet with the child directly and support them to express their wishes and feelings. In circumstances where it is not possible or inappropriate to meet directly with the child the lead practitioner must make every effort to gather the child's views from others who have spoken to the child or know the child.

Workers must not wait for the Focused Child and Family Assessment to be completed before starting interventions to meet identified needs for the child and or family.

Guidance regarding making referrals to CAMHS: **Appendix 3: Threshold for Referral to the CAMHS Head 2 Head Team and Forensic CAMHS**

The allocated worker (lead professional) is responsible for ensuring that the Child and Family Assessment is written up and completed. The HSB Lead Practitioner will support with completing the assessment and will take a lead in the analysis of the AIM3 Framework.

If a matter goes to court (criminal) the court will expect to see a Children Social Care Focused Child and Family Assessment which they use to help their decision making about any sentences. If a young person has been assessed and is getting the support, they need in the community they will be far less likely to get a custodial sentence.

Once the assessment has been completed, and if the child has been booked onto the HSB Panel, a copy of the assessment must be sent by secure email to hsb.panel@nottsc.gov.uk no later than 4.00pm on the Monday one week before the HSB panel date. This is to ensure sufficient time for the panel members to read the assessment.

In situations where a Focused Child and Family Assessment is being completed and the concerns did not initially meet threshold for the child to be booked onto HSB Panel. If more concerns are raised during the assessment process, then the Team Manager must contact the designated Child Protection Coordinators immediately and agree the next steps (**see section 5**).

Principles in respect of issues of Consent

In some situations, the concerns raised about a child's HSB Behaviour may have not met the threshold for a child to be subject to S.47 of the Children Act 1989, however the concerns have met the threshold for a HSB Panel Hearing. In some of these situations the subject of consent may be raised. If the family or the child do not consent to a Focused Child and Family assessment, then the following needs to be considered:

- Parents/carers can decide if they do not want to participate in the assessment and refuse consent for information to be shared with other agencies.
- Efforts should continually be made to try and engage parents and carers and a specialist Practice Consultant can support with this including a joint visit to the family.
- A consultation with a HSB Lead Practice Consultant or a CPC could mean an early panel could be agreed without completion of the assessment where consent is an issue and there are concerns the child is likely to continue to display HSB Behaviours without targeted support.
- A Focused Child and Family Assessment should still be undertaken using the AIM and HSB assessment tools to analyse the information Children's Social Care already hold.
- This assessment should consider any risks to other children and young people in the household and in the community.
- In doing this we may decide that we do have a public interest need to contact another agency (for example school), as there could be issues about the safety of other children. This should take place as long as it is a professional judgement based on the risk assessment and the rationale recorded clearly by a Team or Service Manager.

7. Harmful Sexual Behaviour (HSB) Panel

Cases where a child is heard at the HSB Panel there will be concerns they have displayed **sexually harmful behaviour** and a **Specialist HSB Assessment** will have been completed.

HSB Panels are chaired by a Child Protection Coordinator (CPC) and have a fixed Multi-agency panel including representatives from children's social care, youth offending service, the Safer Living Foundation and Health (Head2Head).

HSB panels are held on the first Tuesday of each month with each case allocated 45 minutes.

HSB Panel Objectives

- To ensure that all children arrested or referred in to Children's Social Care, The Youth Offending Service or Police with sexually abusive or offending behaviour are consistently assessed.
- To identify, as early as possible, where intervention would be beneficial in preventing a pattern of further offending or abusive behaviour developing, and to advise on appropriate interventions.
- Consider the views, wishes and feelings of the child.
- To discuss the outcome of a Focused Child and Family Assessments or AIM3 Assessment, with a view to agreeing on the level and type of support the child may need in different settings (e.g., at home, at school, in public places) to reduce the likelihood of them displaying further HSB Behaviours whilst support is being offered.

- To recommend actions to manage and help reduce the likelihood of a pattern of sexually abusive behaviour developing, if this is indicated after discussion of the assessment.
- To provide a consistent and coherent Multi-agency approach that can be monitored and evaluated.
- To ensure that the victims' needs are identified.

The recommendations of the HSB panel should be incorporated into the child's service plan. Implementing the recommendations of the HSB panel lies with individual agencies.

The child and his/her parents/carers must be informed of the outcome of the HSB panel, it should be agreed at the panel who will do this and when this will happen.

Minutes

A copy of the action notes will be made available to all attendees and panel members. The meeting will be audio recorded and minutes transcribed following the meeting and then distributed.

Further information about the role and function of the HSB panel is detailed in Appendix 2: Harmful Sexual Behaviour (HSB) Panel (terms of reference and agenda)

8. Next steps

In many cases the **HSB panel** will recommend a multi-agency Child in Need service plan to address the identified needs of the child and their family, including any risk management elements.

In these cases, further multi-agency meetings will be needed to review progress on the plan. These will be in the form of a Children in Need Review, Looked After Children Review or Review Child Protection Conference (Children's Social Care) or other appropriate review meetings (Family Service and Youth Justice Service).

In some specific circumstances where it is felt that information is missing, or further scrutiny of the plan is required the lead professional may be asked to attend a further HSB panel with an updated assessment and/or progress made against the child's plan.

Refer to: Nottinghamshire Children's Social Care Service Procedures Manual [5.1 Child in Need Plans and Reviews \(including Detention under the Mental Health Act \(1983\)\)](#)

If there is on-going HSB behaviour requiring active management and the child is open to the Youth Justice Service, the child may meet the criteria for continuing use of risk strategy meetings, organised in the same way as Level One of the Multi-Agency Public Protection Arrangements (MAPPA). Some children who have been previously convicted sexual or violent offences and who present the highest risk may meet the criteria for MAPPA and should continue to be dealt with under those arrangements.

Refer to: [Risk of Serious Harm and Safety and Wellbeing Policy](#)

9. Suspected abuse in Residential or Foster Care

In defining whether sexual behaviour is abusive, section 2 (above) should be referred to. Children in the care system are under more scrutiny and it is important to use the same threshold as with others who live with their own families.

Children whose life experiences have meant they have to live away from their families of origin are more likely than other children to have emotional and behavioural problems, social difficulties, and low self-esteem. Some may have particular difficulties handling their sexual feelings and conforming to norms of sexual behaviour. They are also vulnerable to being sexually abused or exploited by other children (as well as adults).

Where suspicions or allegations of a child sexually abusing another child emerge within a residential unit or foster home, it is vital that they are treated seriously and in the same way as with children living at home.

The initial actions to be taken follow the same principles and process as when any other sexual abuse allegation is made.

Invitations to the **HSB Panel** (Section 8. Harmful Sexual Behaviour (HSB) Panel above) should include the relevant Registered Care Manager or Supervising Social Worker (Fostering). The Independent Reviewing Officer (Children Looked After) should be informed with a view to deciding if it is appropriate to attend. Because of the potential significance, the Group Manager (Fieldwork) responsible for the child concerned and the Group Manager (Regulated Services) should also be informed. The Group Managers are responsible for informing the Service Director, Youth Families and Social Work.

The meeting will make recommendations which should be incorporated into the child's placement and care plans.

If a child is thought to be engaged in sexually exploiting another child (children), see the Nottinghamshire and Nottingham City Safeguarding Children Boards' (NSCB) Procedures Manual [Inter-agency Practice Guidance, Safeguarding Children and Young People from Sexual Exploitation](#)

and the Nottinghamshire Children's Social Care Service Procedures Manual [6.6 Safeguarding Children and Young People from Sexual Exploitation](#)

Appendix 1 - Youth Justice Service (YJS) and Children's Social Care (CSC) Protocol about Responsibilities and Joint Working

Key principles:

- Decisions about which workers should be allocated and co-allocated to complete a **Focused Child and Family Assessment** should be informed by the likely future involvement of CSC and YJS with the child and their family, based on the information available at the time.
- Whilst Managers will need to ensure that appropriately experienced and trained staff are allocated to cases, the number of workers involved should be kept to a minimum to reduce repetition and the 'retelling' of the child account.
- Regardless of the severity of the harmful sexual behaviour, if there is no prospect of the YJS becoming involved, the responsibility for the **Focused Child and Family Assessment** will remain solely with CSC.
- Allocation and co-working decisions should be based on the information available at the time, focusing on the presenting risks and needs; decisions should not be unduly influenced by prior missed opportunities or earlier non-adherence to this guidance.
- Where a case is referred to the HSB Panel, both of the allocated workers should attend to present the case.
- Where appropriate, strategy discussions should include both CSC and YJS and should consider the need for co-allocation and respective accountabilities as outlined in the PPG.
- The need for involvement from CSC and YJS may change over time, depending on new offending or a change in risk or need; decisions will be reviewed based on the information available at that time. If agreement cannot be reached, then standard escalation should apply.
- Owing to the nature of HSB which meets the criminal threshold CSC will remain involved in the majority of cases requiring a Focused Child and Family Assessment. These cases will normally be co-allocated across CSC and YJS service areas. Where only one service is involved the Focused Child and Family Assessment should be co-allocated within the service holding the case (G-MAP guidance recommends dual-allocation of all AIM3 Framework assessments).
- Where cases are open to both CSC and YJS, evidence of good communication and shared decision making should be prevalent throughout. It is expected that both services will have actions within their service plans designed to minimise and manage identified risks.

1. Out of Court Disposals and sexual offences

- 1.1 Practice in Nottinghamshire requires the Police to consult with the YJS prior to the issuing of a Youth Caution. An admission of guilt is a pre-condition of a Youth Caution being issued; thus, the Police will only refer cases through to the YJS where this admission has been secured. The maximum intervention by the YJS for a child open on a youth caution is three months.
- 1.2 Upon referral from the Police and prior to allocation, the YOT team will screen for CSC involvement to ascertain what prior HSB Assessment has been completed and whether the case has previously been to the HSB Panel. If a **Focused Child and Family Assessment** is still outstanding and / or the case has not been to the HSB Panel, then an early decision will be made by the YOT in conjunction with CSC regarding the lead worker for the purpose of **Focused Child and Family Assessment** completion and referral. If this work has been commenced by CSC (e.g., Stage 1 AIM3 completed), then they will retain the lead. If there has not been a prior HSB Assessment, then it is expected that the YJS will lead, with CSC co-allocated for the purpose of AIM3 completion and HSB Panel referral (if agreed by the CPC).
- 1.3 As part of the assessment, the allocated YOT worker should ensure that the child and his or her parents/carers fully understand the implications of accepting the disposal. Where the child is being considered for a caution for an offence listed in Part 2 of the Sexual Offences Act 2003, the implications of that Act must be explained. Registration on the Sex Offenders Register following a Youth Caution or Youth Conditional Caution is required for a period of 12 months for those offenders under the age of 18. If the child turns 18 before the caution is administered and therefore receives an adult caution, the registration period is two years.

2. Referral Orders made for a sexual offence

- 2.1 Upon referral from the Court and prior to allocation, the YOT team will screen for CSC involvement to ascertain what prior HSB Assessment has been completed and whether the case has previously been to the HSB Panel. If a **Focused Child and Family Assessment** is still outstanding and / or the case has not been to the HSB Panel, then an early decision will be made by the YOT in conjunction with CSC regarding the lead worker for the completion of the **Focused Child and Family Assessment**. If this work has been commenced by CSC (e.g., Stage 1 AIM3 completed), then they will retain the lead. If there has not been a prior HSB Assessment, then it is expected that the YJS will lead, with CSC co-allocated for the purpose of AIM3 completion and HSB Panel referral (if agreed by the CPC).
- 2.2 The allocated YOT worker will need to ensure that the child understands Part 2 of the Sexual Offences Act 2003 which requires those convicted or warned for relevant sexual offences listed in Schedule 3 to the Act to notify the police of certain personal details (including their name and address) within three days of their conviction or caution. The child must then notify the police whenever these details change and then reconfirm their notified details at least once every twelve months. The general principle is that the notification requirement will apply to children who have been reprimanded,

warned or convicted for an offence listed in Schedule 3 to the Act. That Schedule lists all the relevant offences with the thresholds.

3. Sexual Offence convictions and sentencing

- 3.1 If the Court is considering custody or wants to explore sentencing options more fully then sentencing may be delayed for the preparation of reports, including a Pre-Sentence Report (PSR) and a Focused Child and Family Assessment which incorporates an AIM3 Assessment.
- 3.2 YJS Court duty officers must be prepared in advance to ensure that the Court is fully informed in terms of any assessments and HSB intervention completed to date, which may include a Stage 1 AIM3 assessment and being presented at the HSB Panel; if there has been a significant delay prior to conviction, there is a significant likelihood that this will be the case. The Court may be satisfied that a full AIM3 is not required in these circumstances, though if requested, the YJS duty Officer should ask for a minimum of six weeks to allow for the preparation of the report.
- 3.2 Allocation should follow as per 2.1 above. Also note 2.2 regarding the Sexual Offences Act 2003.

4. Denial and Not Guilty Plea

- 4.1 In the majority of cases it will not be appropriate to complete a full Specialist HSB Assessment if the child is denying offences or pleading Not Guilty to the charges laid, though it may still be appropriate to complete a 'Stage 1' AIM3 assessment (see section 6. **Focused Child and Family Assessment**). Owing to the nature of denial and the likely barriers to working with the YJS in these circumstances, CSC will be required to allocate both the lead and secondary worker.
- 4.2 The views of CSC in relation to any initial bail and remand hearing will be represented by the YJS in court where appropriate. (If the child is Looked After or where court are considering a remand to Local Authority Accommodation, the Court will expect a field Social Worker to attend in person.)
- 4.3 If the child is subsequently found guilty, the YJS will be requested to complete a PSR which will be informed by the HSB Assessment already completed. As per 4.1 above, it is likely that only a Stage 1 AIM3 assessment will have been completed. Refer to section 3 above for further advice regarding how to proceed in these circumstances.
- 4.4 If the child is found not guilty, the Youth Justice worker will inform CSC, who will continue to be responsible for the HSB Assessment and subsequent intervention.

5. Crime Prevention cases involving HSB

- 5.1 In some cases an out of court disposal or conviction may not be suitable or realistic (e.g., CPS may decide that a case is not in the Public Interest to prosecute), though significant concerns may remain

regarding potential risk and criminalisation. In such cases a child may be referred to the YJS for a voluntary Crime Prevention intervention.

- 5.2 Upon receipt of the referral and prior to allocation, the YOT team will liaise with CSC to ascertain what prior HSB Assessment has been completed and whether the case has previously been to the HSB Panel. If a full HSB Assessment is still outstanding and / or the case has not been to the HSB Panel, then an early decision will be made by the YOT in conjunction with CSC regarding the worker accountabilities for the purpose of ongoing HSB Assessment completion and referral. In prevention cases there will be a presumption in favour of CSC leading on uncompleted HSB Assessment and onward referral/liaison with CPC.

6. Other cases

- 6.1 It is expected that some cases will not neatly fit the above scenarios (e.g., case open to the YOT for a non-sexual offence presents with HSB). In these instances, practitioners and managers are asked to apply the above principles to arrive at the most logical and child-centred solution. Any disagreements should be quickly resolved and escalated if necessary to avoid unnecessary delay.

Appendix 2: Harmful Sexual Behaviour (HSB) Panel (terms of reference and agenda)

The panel provides a specialist service to staff and agencies working with children who have engaged in abusive Harmful Sexual Behaviour (HSB).

The panel consists of a fixed team of multi-agency practitioners who have relevant training and/or experience, enabling the panel to provide knowledge and expertise to support lead workers and the other agencies involved.

The panel is conference based, providing an advisory service, thus accountability for the case and any resulting actions will remain with the allocated workers and their managers.

Fixed Panel Membership:

- Child Protection Co-Ordinator (Chair)
- YOT Locality Manager or Senior Worker
- CAMHS H2H Clinical Nurse Specialist
- Social work Practice Consultant
- Safer Living Foundation

The panel performs two main functions in respect of children who are believed to have engaged in Abusive Sexual behaviour:

1. HSB Panel (Post Specialist HSB Assessment)

Panel times will be requested for cases where a child has Sexually Abusive (or offending) behaviour. The panel will be attended by the allocated worker (Lead Professional) and Specialist HSB Professional who have completed the Focused Child and Family Assessment or AIM3.

Required attendees (where applicable):

- Allocated Social Worker
- Allocated YOT Worker
- Allocated FS Worker
- Allocated CAMHS Worker
- Police OIC
- School or College Designated Safeguarding Lead
- Relevant Health professional (e.g., GP)

The panel will make recommendations regarding appropriate interventions and onward referrals to ensure that the identified risks and needs are minimised and managed in the community and will form a judgment on whether the case needs to return to a review panel.

2. HSB Panel – Emergency Cases.

Panel times will be requested for cases where a child has Sexually Abusive (or offending) behaviour and the matter is considered to be urgent or serious and needs consideration at the Multi-agency panel.

Required attendees (where applicable) are the same as above.

Conduct of Meetings:

- Meetings will be recorded, and action notes will be produced for circulation to panel members and attendees.
- The Attending Child Protection Coordinator will Chair the panel. In their absence, the panel will decide upon a Chair of the meetings as it sees fit.
- There will be 45 minutes allocated per case discussion, with 15 minutes allowed in between cases to allow for comfort breaks and allow for a small amount of overrun.
- Actions will be distributed within 48 hours of the panel being convened.

Location, Date/Time and Frequency:

- Location – Virtually through Microsoft Teams (Unless alternative location specified)
- When – First Tuesday of every month
- Time – 6 panel hearings run on the hour between 9:00 and 15:00 with a break at 12:00. There is a reserved hearing slot at 16:00 for any Emergency Hearings where it is deemed support or advice may be needed and the child cannot wait until the next available panel date.

Panel specific confidential correspondence to be sent via secure email to: hsb.panel@nottsc.gov.uk

The Panel exists to:

- Receive case referrals from specified agencies (predominantly CSC and YOT) to be accompanied with the outcome of a completed Focused Child and Family HSB or AIM3 assessment (or equivalent) to enable agreement on the likelihood the child may continue to display HSB behaviours without additional support; to enable agreement on the parameters of an effective set of controls and interventions based on presenting needs to manage/reduce risk of further sexually abusive behaviour.

- Provide a consistent and coherent multi-agency approach that can be monitored and evaluated.
- Liaise with the department Leadership Team and NSCB about developments of the panel and wider HSB project.
- Advise and agree on practice developments and training needs.
- Monitor the critical relationship between Police and NCC and the timely and consistent progressing of investigative enquiries and AIM assessments.
- Consider whether a review at a subsequent Panel would be beneficial / required and on the appropriate timescale.
- To ensure that the victims' needs are identified.

Criteria for referrals to the Panel:

- The Team Manager must contact the designated Child Protection Coordinator with a brief summary of the referral concerns, alleged sexually abusive behaviour and an analysis informed by the AIM 3 checklist appropriate for the child's age and development needs.
- The Child Protection Coordinator will agree whether or not the threshold for a Specialist HSB Assessment is met in the particular case and if / when the matter should be booked into a HSB panel.
- The Child Protection Coordinator will inform the Team Manager and allocated worker of their decision and will record this on the child's electronic case file.

Harmful Sexual Behaviour Panel - Agenda

1. Introduction and statement by chair which includes the confidentiality statement
2. Brief details of allegations
3. Basic information in relation to child/ alleged victim
4. Police information regarding alleged offence / s
 - Details of offence
 - Police action to date
 - Further police actions
5. Social Care/YOS HSB Assessment (depending on who is lead agency)
 - Outcome of HSB assessment
 - Health information
 - Education information

- Additional services
 - Views of child
 - Views of parents / carers
6. CAMHS Information
 7. Risk within the community
 8. Chair's summary
 9. Action Plan
 - Police disposal
 - Further assessment required.
 - Need to rebook on panel.
 - Information to be shared with child and parent / carer, who will do this and when.
 - How actions will be reviewed e.g., panel / CIN / CP / LAC

Appendix 3: Threshold for Referral to the CAMHS Head 2 Head Team and Forensic CAMHS

CAMHS 'Head 2 Head' Service

Head 2 Head work with children up to 18 years old who have emotional and mental health issues and who display sexually harmful behaviours and are involved with the criminal justice system. Head 2 Head can become involved for the following reasons after the completion of a Focused Child and Family Assessment using AIM3 tools:

- The child is judged to be of 'high concerns' (from the AIM3 assessment outcome matrix).
- The child presents with significant emotional health / mental health difficulties
- The child presents as having a learning disability;

Once a child has been accepted at Head 2 Head, they will provide mental health assessment and intervention. Referrals can be made directly to Head 2 Head (0115 956 0842 or secure email CAMHS.H2HTeam@nottshc.nhs.uk.) or via the HSB panel, all referrals will require an up to date specialist children and family assessment using AIM3 tools.

Head 2 Head are permanent members of the HSB panel, within this role they offer expert advice and guidance to professionals.

In addition to Head 2 Head working directly with the child, they can offer consultation, support, advice and training for the case workers working with this group of young people, regarding how best to manage and

treat their on-going sexually harming behaviour and on-going risk assessment. HEAD2HEAD can also offer further specialist risk assessments, treatment and intervention for high need cases where there is no emotional/mental health needs and/or learning needs.

Forensic CAMHS

East Midlands Community Forensic Child and Adolescent Mental Health Service (FCAMHS) is a specialist multi-disciplinary service that provide advice, consultation, specialist assessment and support to services and teams working with young people in the community who exhibit risky behaviours or who are already in the youth justice system and have or display signs of mental health difficulties.

Forensic CAMHS is not a case holding service they only accept referrals where the child is actively supported by CAMHS or children's social care. They will support the allocated worker in reducing risk and risky behaviours and improve resilience by way of:

- specialist assessment including risk assessment;
- risk management planning;
- case formulation and reformulation;
- treatment package development and intervention support;
- training for professionals;
- supporting transitions in and between services;

Referral to this service will normally come as an action from the child being presented at HSB panel following the completing of a specialist child and family assessment using AIM3. Or you can make a referral or to discuss a child direct:

T: 0115 952 9487

E: Not-tr.eastmidlandsfcamhs@nhs.net