

Multi-agency risk management framework and protocol for children with sexually harmful behaviours

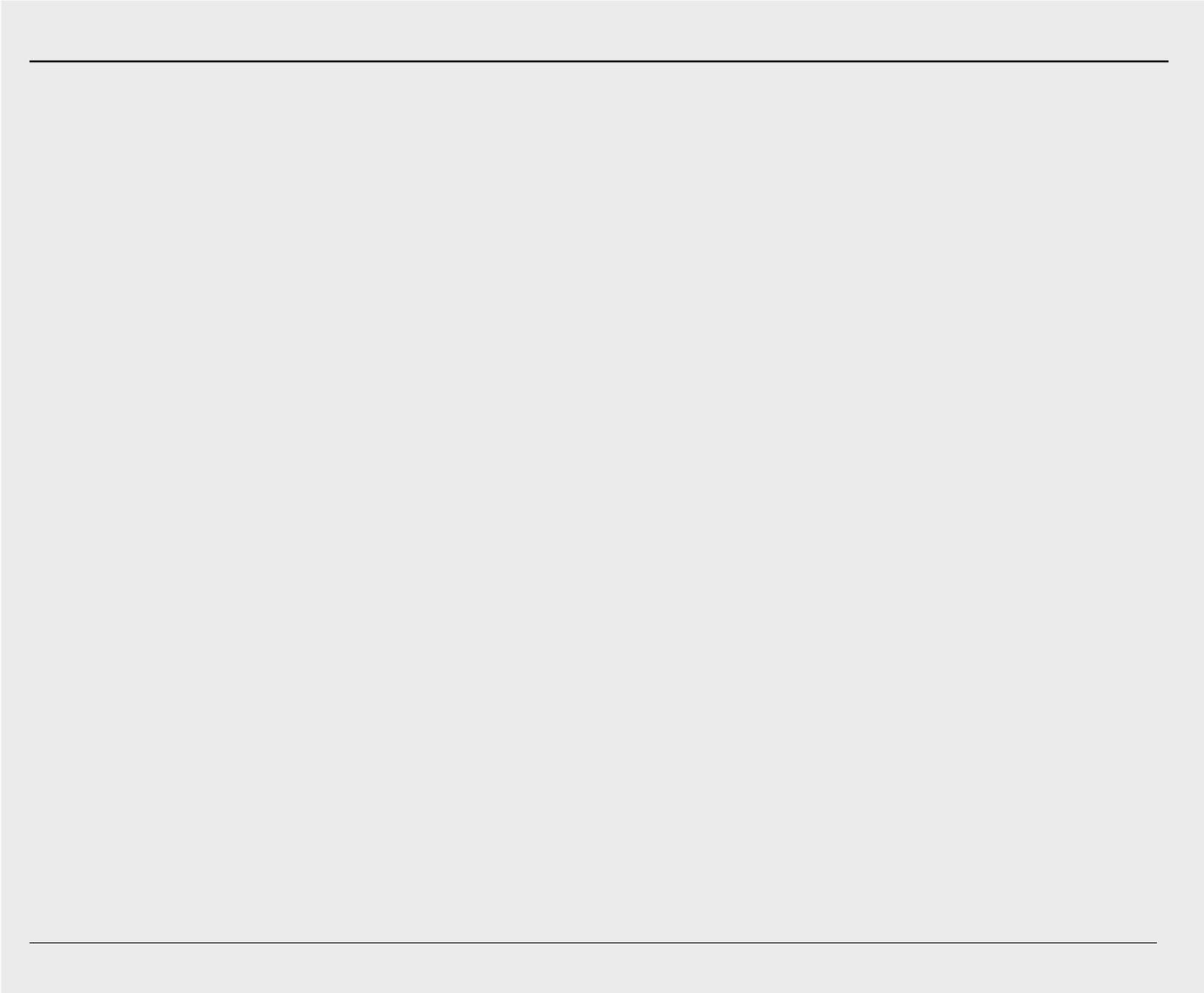
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Preface

This Risk Management Framework and Protocol has been written by Christine McCarlie, Safer Futures Ltd to assist workers in their responses to children with sexually harmful behaviours. The protocol originated from work commissioned by Dumfries and Galloway Child Protection Committee and our thanks go to them for sharing the work they have done. This version has been updated with significant contribution from Estelle Carmichael, Lead Officer Child Protection, East Dunbartonshire.

The introduction of this Risk Management Protocol in East Dunbartonshire is supported by relevant training, including multi-agency awareness raising and focused training in MARR and AIM2 assessment models for lead professional/social work staff. This reflects the following best practice:

- Systemic assessments and interventions
- Multi-agency approaches
- Ensuring a well-trained workforce
- The importance of engaging families
- Acknowledging the importance of context
- Child centred approach
- Taking account of individual needs
- Valuing the strengths of the child and the family (Bradbury-Jones et al 2013)

Introduction

This Risk Management Protocol should be read and implemented within existing GIRFEC and Child Protection Principles, protocols and procedures.

The Lead Professional for children displaying harmful sexual behaviours will be from social work, however, the effectiveness of the protocol will be determined by the ability of agencies to come together to share the responsibility for risk management. This protocol helps all those with different roles working with children to identify, understand and respond appropriately.

Sexual exploration and experimentation are normal parts of childhood and adolescent development. Developmentally appropriate sexual activities are to be expected from children as they move from infancy through to an adult understanding of their own physical, emotional and behavioural states and their relationships with others. This healthy sexual activity is characterised by mutuality and consent. There are however circumstances in which children and sometimes adults are harmed by other children's sexual behaviours. The consequences for victims can be just as serious as when the abuser is an adult. This Protocol is intended for those circumstances when a child's sexual behavior is viewed as harmful to self or self and others.

The sexually harmful behaviour of children requires to be considered on a continuum of seriousness, ranging from healthy, through harmful and in a small number of cases abusive. Professionals need to understand this 'continuum' to ensure an appropriate risk management response and to support the provision of effective intervention. This protocol is intended for practitioners and managers to assist in the early identification of children who require support and help identify those who require specialist intervention to address behaviours.

This Risk Management Protocol:

- Provides guidance for different agencies involved with children who have raised concern by presenting or being alleged to have presented harmful sexual behaviours.
- Offers a multi-agency approach to manage risk more effectively within existing Child Protection / Multi-agency Child's Plan procedures
- Reflects some of the core elements of FRAME(2014) but extends the risk management process for other children, including those children under 12 who may not clearly be defined as presenting a serious risk of harm.
- Provides clarity and promotes confidence for all professionals who hold a responsibility in contributing for multi-agency risk management.
- Provides a risk management framework that assists in making risk more tangible and thus enables professionals to employ strategies for effective risk management.
- Helps ensure that information about risk is shared with relevant agencies and also with the appropriate safeguarding processes.

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- Recognizes the role of Named Persons and other agencies as being essential parts of children's networks in:

- Identifying behaviours causing concern
- Playing an active part in any risk management plan, and
- If assisted, being well placed to provide support and opportunities in order to reduce further risk as part of a multi-agency plan

This protocol contains five sections outlined as follows:

PART 1 Practice Context

This section presents key information about children with harmful sexual behaviours within current policy, evidence and research context.

PART 2 Specific Practice considerations

This section considers specific contextual issues for Education Settings and Residential Units

PART 3 Risk management framework

This section describes a risk management framework that underpins the protocol. This is developed from original work (Brady A, McCarley C). This framework helps ensure a robust and proportionate risk management response. This includes outlining a clear process for professionals meeting on a case by case basis to manage, evaluate and monitor risk whilst on going assessment and work takes place.

PART 4 Risk management protocol

This section outlines the protocol for all agencies involved in identification, decision making and risk management for children.

PART 5 Practice tools and Appendices

This section consists of Appendices and tools to help inform decision making and support the risk management process.

Part one – Practice Context

The National Child Protection Guidance 2014 states “In all cases where a child or young person displays problematic sexual behaviour, immediate consideration should be given to whether action needs to be taken under child protection procedures, either in order to protect the victim or to tackle concerns about what has caused the child/young person to behave in such a way” (p127). This Protocol is applied within child protection procedures and when appropriate, those for a child in need. It is intended to help inform decisions about the management of risk within the context of a Child’s Plan.

This risk management protocol reflects two key aims of addressing sexually harmful behaviour – ‘risk management and risk reduction’. Risk management is supported by the following essential elements:

- risk management is embedded in the systems around the child and promoted by those who supervise and monitor the child on a daily basis; and
- safety plans are drawn up in the relevant environments (for example, home, schools, communities and residential units).

The second aim of risk reduction is clearly outlined in the ‘phased approach’ detailed in the risk management framework (see part 3). This process supports the child’s progress towards ultimately taking responsibility to manage their own risk and is placed clearly within the context of intervention. This ensures the child is helped to develop skills, opportunities and understanding in order to reduce their need to engage in further sexually harmful behavior.

The GIRFEC (Getting it right for every child) approach requires practitioners to view their work in the context of the whole child when assessing and managing risk, viewing risks in the short term but equally considering the impact of those risks on children’s wellbeing in the long term. The National Practice Model and National Risk Framework (2012) provide guidance and tools to support holistic assessment.

Within both the National Risk Framework (NRF) and the National Practice model the need, at times, for more focused assessment is recognized. The ‘My World Triangle “highlighting where more specialist information is required and additional tools used” (Algate, J 2008). This Protocol recommends using sexual behavior specific assessment tools as an additional and integral part of a child’s broader assessment and single plan.

The Whole Systems Approach in Youth Justice in Scotland involves putting in place a streamlined and consistent planning, assessment and decision making process for young people involved in offending to ensure they receive the right help at the right time. This approach works across all systems and agencies. FRAME: The Framework for Risk Assessment, Management and Evaluation for Children and Young People under the age of 18 (2014) is part of that approach.

FRAME highlights the need for local care and risk management (CARM) processes to be in place to for those children over age 12 who present a serious risk of harm towards others through harmful sexual behaviours (and/or violent behaviours). It recognizes that different depths of assessment should take place in response to different levels of risk presented by individuals and describes risk management processes for young people being transparent, proportionate, rights-based and risks and needs being considered holistically.

This Risk Management Protocol reflects the principles advised by FRAME, offers a clear structure and ensures the integration of assessment and intervention with risk management. In addition, this protocol also recognizes the need for younger children with different types of sexual behaviour to also have Risk Management processes around them.

Messages from research

Over the past twenty years the assessment and treatment of children with sexually harmful behaviours has largely been influenced by research and philosophy governing work with adult sex offenders. This has skewed our thinking about how sexual behaviour problems develop and what motivates them in children. This background has also contributed to a tendency to define all sexual behaviours that are considered out with the norm as being abusive. (Hackett et al. 2005) reminds us that this group "are children first and should not be conceived as "mini-sex offenders", they have a range of needs that include, but are broader than their harmful sexual behavior".

Hackett (2004) reviewed criminal statistics over a decade and estimated that children and young people were responsible for between 20% and 33% of all sexual abuse in the UK. Some authors suggest the figure is higher, Vizard (2007) suggest the numbers are between 30-50% and more recently Radford et al (2011) suggested the figure for contact abuse reported to have been perpetrated by under 18's was 65.9%.

Children with sexually harmful behaviours are not a homogenous group. There are distinct sub groups each with their own treatment needs (Worling, 2001, Johnson, 2005). Diversity should be seen a key organising theme that helps support effective approaches to all children who present with sexually harmful behaviours. (Hackett, 2005)

This diversity applies to the wide range of sexual behaviours that children can display, such as the nature of behaviours, degree of force, motivation, level of intent, level of sexual arousal, age and gender of victims. It also applies to broader developmental issues relating to the age of the child, their family and background experiences, their intellectual capacities and their stage of development. Children with learning difficulties are a particularly vulnerable and often neglected group who may need specific types of interventions.

Many of these children have histories characterised by multiple abuse and disadvantage. (Friedrich, 1995, Ryan, 1999) and interventions need to be holistic, systemic and goal specific. (Hackett, 2004).

Interventions that are focused appropriately are likely to succeed in preventing further abuse. Earlier studies show recidivism rates at between 3 – 14% (Prentky, et al. 2000). Another study showed a 5% recidivism following treatment within a six year follow up period. (Worling, 2001). These figures are low and important to consider as there can be a tendency for professionals to over emphasise risk of recidivism concerning children with sexually harmful behaviours.

Supporting and involving parents and carers in work with children is vital to the success of any intervention designed to address sexually harmful behaviours and manage risk on a day to day basis. (Hackett et al. 2005)

The overall aims of intervention are risk management and risk reduction. These aims are most effective when children learn to manage their sexual behaviours within the broader aim of learning to meet their needs in a socially acceptable and personally satisfying way.

As Ward and Mann (2004) state: "It is not sufficient to simply teach skills to reduce or manage risk factors. Instead the tasks of achieving and maintaining behaviour change need to be meaningfully embedded within the notions of personal well-being, personal identity and a positive lifestyle." Our assessments, therefore, need to identify clear goals for children that will both help them manage their risk as well as increasing their psychological wellbeing. There are critical and important differences between adult and child populations. Given the rapid developmental changes during childhood and adolescence any risk tools used during the assessment should be re-evaluated after 6 months or following significant social, environmental, familial, sexual, affective, physical, or psychological change (Worling, 2001).

Specialist programmes designed for children with sexually harmful behaviours should be subject to robust external quality control measures that ensure that they are designed and delivered effectively. (Scottish Executive, 2005)

Opportunities for intervention at the earliest stage to prevent further incidents of sexually harmful behavior can often be missed when signs or concerns are not recognized, understood or acted on. Information sharing is a major theme that contributes to the effectiveness of how a child's needs and risks are responded to. Risk cannot be managed effectively unless information is shared, however this should be at a level which is mindful of each individual's rights to privacy and confidentiality. (FRAME 2014, 2013 HMI et al) (Appendix 9 offers further guidance).

Understanding sexual behaviours and pathways

When planning the level of services to children there are a number of factors to consider. It is crucial to understand why children are behaving as they are. This understanding is necessary to inform intervention that will reduce risk. In this field the reasons are referred to as pathways. Each child's pathway into their behaviour is individual and requires an exploration of their histories, the messages they have received as well as their level of functioning. It is helpful to consider pathways on two levels. The first relates to the child's developmental history since birth. This examines each child's experiences over time and explores how these experiences have impacted on their emerging sense of themselves and on their behaviours. The second level refers to more immediate contributory factors leading to specific incidents of sexually harmful behaviours. This allows for consideration of the child's level of functioning and more acute risk factors such as recent increase in anger, misuse of alcohol/drugs, impulsivity.

Impact of past experiences

Most children with sexually harmful behaviours have lived in confusing and hostile environments since birth. The relationship that can exist between their trauma experiences and their behaviours can be very complex and both may share a variety of similar trauma/anxiety cues. Their inner worlds may have been corrupted in terms of how they view relationships and sex. The impact of their past experiences can often result in children developing maladaptive ways of getting their needs met. As well as understanding pathways into behaviours it is essential to understand needs being met by behaviours as both will help to identify interventions to reduce risk. Sexually harmful behaviours can develop from a fundamental, even universal process that individuals have for meeting needs. Examples include:

- Belonging/love/intimacy
- Mastery/making sense of past experiences
- Achieving a sense of power and or control
- Obtaining a sense of achievement
- Venting negative emotions
- Comfort and self-soothing

Establishing meaning to behaviours not only identifies an intervention strategy it also helps to determine ongoing risk by being able to predict ongoing motivational factors that may continue to be around for a child at any given time. It is therefore essential that assessment, intervention and risk management reflects each child's individual pathways into behaviours and needs being met by them.

Victim or perpetrator

While understanding the etiological factors for a wide range of children is still developing, emerging research is presenting multiple pathways into the development of problem sexual behaviours. Knight and Sims-Knight's study (2001) of several hundred sexually abusive young people shows all of them to have experienced some form of trauma. Friedrich (2003) in his study using the child sexual behaviour inventory identified the following four factors as being predominant features in the lives of children with sexual behaviour problems:

- Family adversity
- Modeling of coercion
- Modeling of sexuality
- Vulnerable/predisposed child trait

The victim/perpetrator model is not helpful in understanding many sexual behaviours that children can display. In particular it is insufficient to help us understand reactive and extensive mutual sexual behaviours. (See Appendix Two)

Child Sexual Exploitation (CSE)

There has been growing recognition of the distinct issues and needs of children who are victims of child sexual exploitation (CSE), a form of child sexual abuse. On occasions, children who display sexually harmful behaviour towards others can also be victims of sexual exploitation themselves. The risks towards the child from others should also be considered in any assessment and safety planning and the complexities and distinct issues relating to this form of sexual abuse should be understood, recognized and managed by the adults around the child. If concern arises in relation to CSE reference could be made to the Barnardos, Child Sexual Exploitation: Guidance on Child Sexual Exploitation, A Practitioners' Resource Pack.

On-line harmful sexual behaviours

There are some early indications that Pathways for some children engaging in on-line behaviours may be different than those involved in sexual behaviours off-line. However, research in this area remains limited just as the pace of development in technology is rapid. As such, we are in the early stages of understanding what it is that children do (as opposed to what they may be exposed to), that constitutes sexually harmful behaviour on-line.

Quayle (2007) identifies three classes of behaviours, none of which are unique to children, but which might help in our understanding of the problems. These are:

- Soliciting, or sexually harassing behaviours
- Downloading, trading and production of child abuse images (the legal definition of which would be child pornography)
- Self-victimising behaviours.

Some children will be brought to the attention of services exclusively due to their sexual behaviours on-line, for others there may also be additional concerns relating to the child's sexual behaviours off-line. For all children undertaking a comprehensive assessment, the role of the internet/virtual world on their pathways into harmful behaviours and also its place on further risk should always be explored. Whilst workers need to have some caution in the conclusions they draw from a child's use of, and influence from, the virtual world, there are some similarities with how we approach on-line sexual behaviours with off-line sexual behaviours. The exploration of the needs being met and the function of the behaviours for the child will remain important as will consideration as to factors such as the level of coercion and level of harm.

For those young people who have engaged in illegal downloading of abusive sexual images there should be a clear and specific focus on the on-line aspects (such as that provided by AIM2) within their comprehensive assessment.

Sexual deviance

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

Level of intent to cause hurt and harm

While sexual behaviours can be harmful in their effects on others, sometimes there is no intention on the part of the child to hurt others. Many children do not coerce others into sexual behaviours but act out their confusion on them. These children may have no insight into their own and others rights to privacy. Consideration given to level of intent can help in the process of evaluating behavior.

Terminology and definitions

The boundaries between what is abusive, what is inappropriate, and what is part of normal childhood or adolescent experimentation can often feel blurred. Professionals' ability to determine if a child's sexual behaviours are developmentally normal, inappropriate or abusive will be based on issues around knowledge about healthy and harmful behaviours and about issues in relation to informed consent, power imbalance and exploitation. To assist in identifying behaviours as normal or harmful see Appendix 1 the Brook Traffic Light Tool.

There are current discrepancies in terminology, definitions of sexual behaviours and models of intervention. Confusion and disagreement over definitions and approaches can severely weaken the ability of the agencies working with children to intervene and can seriously undermine referral, assessment and treatment processes. It is therefore crucial that agencies coming together to plan and implement services for children with sexually harmful behaviours develop multi agency operational definitions of sexually harmful behaviours.

In considering the type of sexual behaviour it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about the child. Some behaviours may be motivated by information seeking but still cause significant upset or damage to others. It may also be that the behaviour is a re-enactment of sexual situations that a child has been exposed to. Generally the younger the child who is displaying problematic sexual behaviours the more likely it is that they have or are being exposed to some form of sexual behaviours.

'Harmful sexual behaviour' includes a range of harmful sexual behaviours. The term recognizes that behaviours outwith the healthy and normative range, whether viewed as abusive or problematic can be harmful to the development of a child. The term encourages consideration about a wide range of treatment and thus promotes early interventions and more effective outcomes. When harm is agreed it is then essential to explore the particular type of behaviours being exhibited and to label this more accurately to ensure the right kind of treatment intervention.

Several leading experts in this field have developed frameworks to help to identify different types of harmful sexual behaviours (See Appendix 2). Categorising behaviour has significant benefits in helping workers understand routes in to, and the meanings of different behaviours, and ultimately inform intervention. For example victim awareness and victim empathy would not be major components to working with children with reactive behaviours but would be essential for children with abusive behaviours. Anger management may be crucial to a child with abusive behaviours, while attachment repair work might form a significant part of work with a child with extensive mutual behaviours.

Part two – Practice Specific Considerations

Children who are looked after and accommodated

Understanding the context and relationship that exists between children with sexually harmful behaviours and their living environment is highly significant in understanding and managing risk. Whatever the care context, (family home, foster placement, residential unit) there is an expectation that the adults will be proactive in preventing further harmful behaviours and creating a safe environment. In addition children learn many skills required to help them manage their behaviours through their ongoing life experiences, therefore interventions need to be considered through both a combination of one to one work and skills training being undertaken by significant adults in their day to day interactions. A child's living environment therefore plays a pivotal role in the overall treatment plan to manage and reduce risk. A comprehensive assessment of the living environment, be that family home, foster placement or residential unit, should be undertaken and this should run parallel to the assessment of the child. The broad areas to assess include:

- the adults understanding of the child
- the impact of the living environment on the child's risk
- areas of strength and need in relation to capacity for managing risk
- any obstacles or risks or other factors contributing to the child's behaviours
- the identification of key goals for the living environment to work proactively with the child to help them change their behaviours

The following offers some guidance on risk management for children who are Looked After and Accommodated. This is adapted from materials provided by The AIM Project and Toni Cavanagh Johnson. This is easiest thought about in three sections:

- Wider Organisation
- The Unit/ Foster Home
- Direct work with the child

Wider organisation

On a departmental level careful consideration needs to be given to placements and their appropriateness. Where resources are scarce and placements need to be made that are not ideal, clear and realistic and resourced plans need to be put in place to manage risk. Residential and foster carers should have clear guidance about policies and practice and the expectations of them in dealing with children with harmful sexual behaviours. In addition they need to have adequate levels of external support and access to training. External managers for residential staff and foster carers should have a level of insight and understanding of the kinds of issues that staff and carers are dealing with when they are caring for children with problem sexual behaviours. External managers will have a crucial role in creating environments whereby carers can raise any concerns and discuss how issues relating to harmful sexual behaviours and risk management are impacting on them. Where residential staff and foster carers feel positive, safe and supported they will be better able to create an environment that is safe and supportive for children.

The unit / Foster home

Culture and atmosphere of living environment

Carers need to consider if any aspects of the living environment are contributing to the child's behaviours. In addition consideration should be given to how the child's behaviours are impacting on other children and adults in the living environment. The dynamics and culture of the living environment can contribute to risk making it more or less manageable e.g. leniency over supervision, other children with particular difficulties, blurred boundaries, confusing messages about sex and sexuality. The culture and philosophy of the living environment will set the atmosphere and hence influence what it feels like for children living there. It is important for foster carers and residential staff to consider how sexualised their environment is and what boundaries are required to desexualise this environment. Both the Home and Residential Safety Plans are core tools to help consider the relevant rules and boundaries that need to be put in place.

Policies and procedures

Policies and procedures and staff and carer knowledge of them should help to determine safe care and practice in foster placements and residential units. How these policies and procedures are evidenced in practice can make a difference to how children with sexual behaviour problems are both managed and supported.

For example:

Child Protection Procedures

Any concerns about abusive sexual behaviours should be recognized, recorded and reported through the child protection procedures. The protocol section offers further advice to inform recognition and understanding.

Equality and diversity

Children and with sexually harmful behaviours may have distorted views about their worth and the worth of others, particularly around gender issues. In addition power and control may be factors involved in their behaviours. They need sensitive as well as strong and positive role modeling alongside clear boundaries about acceptable behaviours.

Anti-Bullying Policies

Both residential units and foster placements need to offer children clear messages about the unacceptability of physical, verbal or sexual bullying. Guidance within anti bullying policies may help staff in managing these behaviours and can be transferable to the foster care setting.

Sexual Health Policy

Some units may have policies or procedures for dealing with sexual health and this can increase staff's confidence in dealing with sexual health issues. East Dunbartonshire has a comprehensive 'Sexual Health and Relationship Policy and Guidance for Children and Young People Looked after away from home'.

Supervision and Observation of Children

Regardless of the type of living environment particular attention has to be given to observation and supervision of children with harmful sexual behaviours. Often this can be construed as a passive exercise, however, if this is to be effective it requires direct action through behavioural observation, recording and where necessary taking action in response to certain behaviours that have been identified as central to the risk of further sexual behaviours occurring e.g. play fighting. Adults responsible for supervision and observation need to know all the risk factors and what is expected of them. Effective risk management requires the level of observation to be made explicit within both safety plans and overall risk management plans. This may range from simply knowing the location of the child to them being within arm's reach of adults at all times.

Information and Recording

It is important prior to the placement commencing that residential staff and foster carers receive all relevant information to assist them in their planning of how best to manage risk. It is of equal importance for effective risk management that staff and carers carefully communicate verbally and record relevant information about the child's behaviours, needs, and risk on a day by day basis. Sometimes, due to lack of adequate recordings, vital information for understanding patterns of behaviours and risks is lost. The behavior reporting forms provided in Appendix 3 should be used on an ongoing basis should the behaviours continue.

Direct work with children

Most children with harmful sexual behaviours will have significant deficits in a number of areas in their lives e.g. self-esteem, confidence, social skills, emotional awareness, problem solving and coping skills. Their assessments are likely to identify a number of treatment goals in relation to skills deficits that residential workers and foster carers can work on with the children. By enhancing children's skills and insights, staff and carers can significantly increase the child's ability to manage their behaviours. Following the assessment there needs to be an agreement amongst the whole team involved with the child regarding who does what to facilitate the child's goal development.

School and education settings

This section presents some key messages specific to Education and School settings. It provides further contextual information to help inform understanding. Additional information for schools is also provided within the protocol section and in Appendices 5 and 7.

Children and young people's needs are often complex and require an inter woven response by a range of agencies as equal partners. Effective inter-agency working is well recognized as essential to meeting children's needs. Education's role with children with sexually harmful behaviours is key in:

- Identifying behaviours causing concern
- Playing an active part in any risk management plan, and
- if supported, providing, help and opportunities which can have a significant impact on work aimed at reducing sexual behaviour problems (risk reduction).

Schools can be particularly important environments for children who have stressful and difficult home lives and can aid significantly in fostering resilience in children. The majority of children with harmful sexual behaviours can be educated and managed within a schools setting.

Effective management of risk should not be separated from identifying and meeting the individual child's needs particularly in relation to skills deficits. The education setting has a crucial role to play in promoting the development of skills to improve these deficits and thus can greatly assist in making risk more manageable.

Poor peer relationships can be a significant factor for children with harmful sexual behaviours and teachers can work to ensure that children have the opportunity to have positive interactions with peers. Schools can also provide accomplishments at meaningful tasks, this being important to a child's self-esteem. They can also help children learn social skills and problem solving skills. Extracurricular activities can provide these experiences as well as academic achievements. This can all contribute greatly to a child's sense of self. Rutter et al in their extensive study of schools and resilience found teacher behaviour to be important. Children needed to feel that they could approach teachers with their personal problems.

The management of harmful sexual behaviours in school needs to be considered on a whole school basis as well as on an individual level with the child. (Adapted from Carol Carson and the Aim Project)

Whole school basis

To assist in the effective management of risk the following should be considered on a whole school basis:

- The culture and ethos of the school should reinforce positive behaviours and respect for others and create an environment that encourages children to tell if someone is doing anything to them that makes them feel uncomfortable.
- Incorporation of harmful sexual behaviours into other school policies such as bullying, equal opportunities, child protection. This aspect of behaviour would not then be seen as something separate from the overall work of the school.

- Training for staff increasing their understanding in: the development of harmful sexual behaviours; different types of behaviours; risk; risk management and needs of children with these behaviours.
- Contact points for advice and support for staff. This may be from an identified Professional in the Social Work Team or School Child Protection Co-coordinator
- Ensuring a clear knowledge of all safeguarding and well-being procedures.
- The regular reviewing of the physical structure of the school to identify areas where sexual behaviours may occur and strategies put in place to make them safer. Often it is the same areas where children bully other children. The identification of children with harmful sexual behaviours to key personnel within the establishment. This will often include ancillary staff.
- For all young people, but particularly young people with learning disabilities the availability of accessible, appropriate healthy sexual health and relationship education. In addition, personal safety Education helps ensure all children are aware of safe boundaries, how and where to get help.

Identifying and notifying concerns

Where there are concerns relating to a child displaying harmful sexual behaviours, child protection procedures should be followed. Of which a more detailed overview can be found in East Dunbartonshire Education Child Protection Procedures. Appendix 1, The Brook Tool and Appendix 3, the 'behaviour reporting form' can help staff consider when to be concerned and gather the necessary information to record and report concerns. See Protocol and School Process chart for further information regarding what to do when concern arises.

Protection of children targeted

Specific arrangements need to be made to ensure that any children who have been targeted feel safe. This should be done in conjunction with their families. Their views on how to feel safe should be sought and considered. Arrangements may need to be made to move a child to a different class or year group. Individual work and support needs to be offered to the child.

Communicating with parents

Discussions should take place between Education Staff and Social Work as to best methods of communication with parents. The timing and content of this contact will depend on the nature and circumstances of the sexual behaviour, for example if there is a legal process on going.

Individual level: Managing risk and meeting needs

Effective management of risk cannot be separated from identifying and meeting the individual child's needs particularly in relation to skills deficits. The education setting has a crucial role to play in promoting the development of skills to improve these deficits and thus can greatly assist in making risk more manageable.

Managing risk

Every child's behaviour and risk needs to be considered separately and informed by a risk assessment. However it is possible to identify some general strategies that can be used for managing risk:

- Discussing the behaviours in a meaningful way with the child.
- Articulating clearly the behaviours that are not acceptable.
- Being clear about the times and places where behaviours have happened and targeting resources in an attempt to reduce risk.
- Using the School Safety Plan
- Employing behaviour management strategies that include boundaries and consequences.
- Observation and analysis of the child to inform ongoing assessment of risk.
- Supervision and monitoring. Agree with the child the areas that he or she is allowed to go, for example, at break and lunch times. This may need to start with close supervision.
- Using of positive behaviour strategies.
- Liaison with other agencies and family on a regular basis.

Meeting needs

Specific strategies that schools can use to meet needs are as follows:

- The development of individual programmes, for example, on problem solving, communication, social skills and sex education. Most children with harmful sexual behaviours have significant deficits in these areas. A child's level of skills and insights into these areas can offer part of an overall risk prediction.
- The development of safe boundaries. Many children with harmful sexual behaviours need adults to take control of managing their risk until they are able to do so themselves. The setting of clear and safe boundaries can be both supportive and helpful for them.
- Dedicating the time and attention of a significant adult in the school. This could be a class teacher or someone from guidance / pastoral care.
- Identifying specific activities to help children develop new skills.
- Giving assistance to help them integrate with other pupils and form healthy relationships.

Note

There may be occasions where the Education Authority view it necessary to make immediate decisions to manage risk and consider the Educational Arrangements for the child. At these times, interim decisions may be required whilst awaiting the final outcome of initial child protection or multi-agency assessment (see Protocol Section, Appendix 6, * for more detail).

Part three – Risk management framework

Context

The following risk management Framework underpins the protocol, regardless of whether a child is held in Child Protection Processes, or Child in Need. It provides clarity when considering:

- Factors impacting on risk
- Responsibility and roles for managing risk
- Processes involved in making risk more manageable

Risk

It has long been acknowledged by professionals working with children with sexually harmful behaviour that risk has to be viewed as fluid and dynamic in nature. It is therefore essential to consider the on-going internal and external influences that are continually acting upon it. While it is sometimes necessary to describe risk as very high/serious, the risk management framework largely denotes risk in terms of its manageability. This naturally leads to an exploration and consideration of the different factors impacting on it, making it more or less manageable. For example, the assessment would explore the environment and adults around the child, alongside considering the child's internal resources. This results in risk becoming a more tangible concept with workers feeling less anxious about it and more able to effect change.

It is recognised that the level of risk will vary considerably within the population of children with sexually harmful behaviours. Some may present a serious risk requiring long term interventions and high levels of supervision, while the behaviour of others may be easily redirected and changed over a shorter period of time. Any interventions with children should start with an initial risk assessment. The information considered in a risk assessment includes:

Behaviours: nature of behaviours; processes involved; duration of behaviour; previous behaviours (sexual and non-sexual); ability and motivation to address the behaviours; victim awareness and empathy; attitude towards behaviours; risk awareness; and ability to use risk management strategies.

Developmental: past experiences particularly in relation to adversity e.g., experiences of physical/sexual/emotional abuse or neglect/witnessing domestic violence; past and current level of functioning including health issues, resilience factors, sexual development, emotional capacity, and social, coping, problem solving skills.

Family/Carers: level of functioning; attitudes towards behaviours; insight into behaviours; risk awareness; general attitudes and beliefs; sexual boundaries and capacity to manage risk, meet needs and promote behaviour change in child.

Other professionals/other environment: Insight into behaviours; risk awareness and ability to contribute to risk management plan.

Environment: child's access to actual/potential victims; opportunity for further offending; child's safety in the community and wider supervisory and support network.(MARR, 2013)

There are a number of tools to assist in assessing risk of future sexual offending and it is recommended that a tool is used as part of any initial assessment and as part of a comprehensive assessment. AIM2 is the only tool that has been validated in the UK. It is a clinically adjusted actuarial tool for young people of 12 to 18 years convicted of a sexual offence or where it is believed that the young person has been involved in sexually harmful behaviours. This tool embraces both dynamic and static elements. It addresses the most up to date research about young people who sexually abuse and the RMA highlights it has been shown to hold promise as a reliable and valid instrument.. While tools are scarce for younger children AIM also offers a model for younger children to determine the level of concern about their behaviours. This looks at a strengths and concerns continuum.

As part of the on-going assessment of risk, any tool used should be repeated approximately every six months, or when it is known that there has been, or is likely to be, a significant change in risk.

Responsibility

Responsibility, within a risk management context, is held by all the relevant adults and the child taking responsibility for managing the risk. The overall aim of intervention is for the child to be able to take responsibility for managing their own risk. In the early stages of interventions, and based on what is known about the impact of trauma on child development this would not be the case. It is highly unlikely that a child would have the capacity or internal resources to be able to take responsibility for managing their own risk. They have to learn this through a process of work that will involve gaining insights and learning new skills, all of which have to be evidenced in a range of settings. This may include working with them on their own victimisation. The main responsibility for managing risk during the early stages of involvement has to therefore belong to the adults around the child. This stance on risk and responsibility necessitates a joining with all the adults involved leading to a shared consensus of viewing risk and responsibility in this way.

The adult team around the child

The risk management framework considers how all the adults, including the family, impact on the child making risk more or less manageable. In practice this means considering how these adults and their respective environments interact with each other and with the child on a day to day basis. By being this explicit it naturally increases the demands and the responsibility of the adults. It also recognises the enormous impact that the adults can have on assisting the child with skill development. This requires an assessment of the adults and their different environments and their capacity to both manage risk and facilitate change.

The Process: A phased approach

The key elements of the Risk Management process are outlined below in figure 1. The diagram shows the crucial interface between assessment, intervention and risk management, highlighting risk management as central to this process. It also reflects the shift in responsibility for managing risk from the adults to the child, informed by interventions.

Risk Management Practice Model

Level of behaviour and concern requires risk management and further assessment

Phase one:

- Assessment work undertaken with adults and with child
- Behaviour Reporting forms completed
- Adults safety plans
- Child's understanding and compliance to safety plans
- End of assessment, case formulation, risk management and intervention goals identified

Responsibility for managing the risk where appropriate is owned by the systems.

Phase two: Intervention

- Work is undertaken with the child on improving psychological wellbeing and developing their personal Safety Plan

Responsibility for managing the risk is moving towards a shared ownership between the child and the systems.

Phase three: Intervention

- Goals are being evidenced
- Comprehensive Safety Plan for child is developed

Responsibility for managing the risk is now a shared ownership between the child and the systems.

Phase three: Ending

- Improved psychological wellbeing
- Evidenced use of Safety Plan

Risk is reduced through increased psychological wellbeing and the child has the ability and increased awareness to manage his own risk where developmentally appropriate.

Risk management meeting

- Formation of a risk management team
- Philosophy of risk management approach
- Agree initial risk management plan (including safety work) plans and assessment work
- Tools: Safety Plans, Behaviour Reporting Forms, Risk management review template

Risk management review(s)

- Update on the assessment process/ any current sexual behaviours
- Ongoing dynamic factors impacting on risk
- Review / adapts safety plans and risk management plan
- Update on work with child and adults

Risk management review(s)

- Update on the assessment process / any current sexual behaviours
- Ongoing dynamic factors impacting on risk
- Review / adapt systems risk management plan
- Update on work with child and adults

Risk management review

- Review interventions with child and application of measurements as appropriate
- Update systems roles and responsibilities
- Review support to the systems
- Review / adapt risk management plan

Risk management review

- Update on interventions with child / Application of measurements if appropriate
- Review support to the systems
- Review roles and responsibility in relation to the systems and child
- Review / adapt risk management plan

The risk management framework helps to reflect the complex and dynamic nature of risk as the child goes through the process of being able to take responsibility for managing their own risk effectively. This process is most usefully considered in four phases:

Phase One

Risk management is largely via the adults and responsibility is owned by them and not the child.

Aims:

- Identify Risk Management Team and convene a risk management meeting
- Ensure adequate information gathering processes on behaviours by using Behaviour Recording forms (appendix 3)
- Identify and assess how the different adults and environments are impacting on risk, making it more or less manageable
- Complete relevant safety plans (appendix 11)
- Identify specific areas for interventions with adults to impact positively on the management of risk
- Engage the child and relevant adults in the assessment process to determine behaviours, needs, level of risk and capacity for risk management (usually a comprehensive assessment will be required following the initial assessment)
- Use relevant formal risk tool where appropriate (e.g. AIM2)
- From the assessment identify and formulate specific goals for the child that will help them manage their risk and improve their psychological wellbeing
- Identify areas of work to support the adults around the child in their role in risk management and goal facilitation

Phase One: Practice Tools

Safety Plans and Behavior Reporting Forms are core practice tools of the framework to inform the on-going management of risk. These are particularly essential in Phase one during the early stages of information gathering and thereafter can be used to monitor, evaluate and manage risk. The adults around the child are mainly responsible for safety plans. A selection of Safety Plans are found in Appendix 11.

Safety Plans (Appendix 11)

Safety Plans are a set of external controls and limits designed to help parents, carers, children and workers manage potential risk situations. These Safety Plans have been influenced by the work of William Friedrich (2007). They should be developed by workers in collaboration with families and other relevant professionals at the beginning of phase one.

At first the safety plans will be developed for the significant adults around the child. However, during all stages of intervention it is necessary to consider and respond to a number of areas that could contribute to further sexual behaviours occurring. Therefore, they should be reviewed and adapted over time and in response to more information, progress or changes in situation.

The safety plans reflect that for some families and other adults/environments considerable work may have to be undertaken to explore and address sexual dynamics that may contribute to risk of further behaviours happening. Exploring sex and sexuality with families takes time and sensitivity and would be undertaken as part of an on-going assessment process.

In summary the safety plans provide a framework for discussion and information gathering to inform and manage risk. Safety Plans help the lead professional/ social worker to do the following:

- Explore the environment to identify areas of strength, vulnerability and risk
- Identify and agree specific risks and risk management strategies, including levels of supervision and any rules and boundaries that need to put in place
- Form agreement on the roles and the responsibilities of the relevant adults
- Identify the needs and capacity of the relevant adults in order that they can effectively manage risk
- Identify how this is communicated to the child to follow the rules and boundaries identified
- Identify and agree strategies for the child to secure help and support when required Consider if adequate information and communication is in place, including agreement as to when and in what circumstances the adult will make contact with the social worker/lead professional.
- Facilitate ongoing assessment and reviews of the adults capacity to implement agreed risk management strategies and monitoring of environment specific arrangements
- Consider monitoring on two levels, firstly how the risk management strategies are working on a day-to-day basis and how any changes in these are communicated. Secondly, how risk management is being monitored and being evaluated by the review team in line with the child's movement through the phases.

Child's safety plan

It is not expected that the child will have a detailed safety plan in stage one. This is an on-going process. The child's ability to use a safety plan develops as they learn insights into their behaviours and risk through on-going interventions.

Their Safety Plan is different from the adults safety plans. It is an evolving plan that may begin at a very basic level based on their level of compliance. Over time it develops into a comprehensive safety plan that includes:

- Processes involved in their behaviour
- External/internal triggers
- What to do when aware of trigger
- Different stages in process and ways out at different stages
- Who to go to for help
- What to say to get help
- What to do and when

Children's safety plans should be creative. Workers need to be imaginative and identify a plan with the child that fits their level of functioning. Within MARR (Brady and McCarlie, 2013) several examples of children's safety plans are identified, e.g Fire Drill, Turtle Technique, Cliff Edge.

Behaviour reporting forms (Appendix 3)

It is important that assessments offer clarity about the nature and type of sexual behavior the child is exhibiting. Therefore, in order to help workers formulate a behavioural analysis it is essential to obtain as much information as possible about the exact nature of the behaviour, who it is being directed towards, and the context in which the behaviour has happened. The Behaviour Reporting Form helps the adults to gather the right kind of information to assist in the assessment process.

Phase two

Phases two and three are intervention phases where the adults are working with the child to help them achieve their goals identified in assessment. By the end of phase two the child is engaging in specific work on their harmful sexual behaviours in order to allow more meaningful discussion to take place about risk. By the end of this phase individual risk management strategies have been introduced and rehearsed by the child and the relevant adults around them. The adults move from a learning stage to proactively working with the child to meet their needs and assist them in skills development.

For some children this phase will take considerable time and work may have to focus on trauma related goals before the child can work on sexual behaviours.

Aims:

- Evaluate, monitor and manage risk through Risk Management Reviews
- Work with the child on goal attainment
- Assist the child to take responsibility for past behaviours
- Develop insight into processes involved in the behaviours
- Develop and rehearse strategies for managing with the child and the adults around them
- Maximise levels of support and intervention provided by the adults

The child's progress in this phase would determine their ability to move to phase three. By the end of this phase it would be anticipated that they are becoming more responsive to interventions. The concept of risk becomes more meaningful to them. Because of explicit way risk is being discussed and managed this means that the child's own safety plan is developing and becoming more sophisticated and comprehensive. The insights they have learned and their ability to use their emerging safety plan indicates their readiness to move to stage three where risk management becomes a shared ownership between the child and the adult team around them. This explicitness and the ability to move on to phase three often has a significant motivational impact on the child.

Phase three

Risk is now being reduced by the ongoing work with the child and the adults engagement in risk management. Responsibility for managing the risk is now a shared ownership between the child and the adults.

Aims:

- Evaluate, monitor and manage risk through Risk Management Review
- Engage the child in work towards achieving all of their treatment goals.
- Informed increasing and decreasing of external controls
- Evidencing goal attainment in the child's different environments, i.e. home and school

This can be a period of intensive ongoing work with the child through individual work and interventions being undertaken by the adult team around them. By this stage the specific intervention goals are becoming achievable and being evidenced in the child's different environments.

Within the living environment in particular there will be a joining with the child in negotiating and making decisions about risk on a day-to-day basis from an informed perspective. This would be developed primarily through their own safety plan and include:

- Anticipating situations or stresses in the child's daily life and formulating opinions about the child's ability to cope
- Formulating an opinion about how manageable the child's risk is, based on the above.
- Being inclusive with the child in discussing the above and reaching a decision about risk
- Being confident in decisions about increasing and decreasing external controls
- Helping the child learn through reflective practice and coaching using actual situations (reactive) or through anticipating situations (proactive)

The expectations of the child are different from phase one and two. In phase three it is anticipated that they are much more able to demonstrate in their day to day living that they are attempting to apply their learning to a more pro-social lifestyle. In particular through using their safety plan, it is anticipated that they are able to do the following:

- Engage in discussions about their emotions and feelings and how this might impact on risk
- Accept the fluid nature of the increase and decrease of external controls and their own internal processes.
- Use the environment proactively to help them deal with challenging situations and emotions.
- Continue to use situations as learning processes
- Accept the guidance and controls of their environment

Phase four

In this phase it is important to use the identified individual goals to determine whether or not a child can take responsibility for managing their risk. It would be expected that the achievement of these goals (skills and insights) would be evidenced in different settings. Where this is the case risk is now reduced and the child has the ability and increased awareness to manage their own risk where developmentally appropriate.

Aims:

- Adult team around the child to monitor and evaluate the child's ability to manage risk
- Adult team around the child to provide additional short term supports as needed
- Preparation for ending and disengagement from any focussed intervention

This risk management framework clearly places expectations on the adults both in terms of embracing responsibility for managing risk and taking a clear role in progressing a child through a process of change. However there will be circumstances where this is not possible. For example a child living with their birth family where there are enmeshed, unhealthy relationships, or a child who has exhibited sexually abusive behaviours and is residing in their own tenancy. In these cases there are fewer opportunities to influence living environments and they are not necessarily able to accept responsibility for managing risk to the same extent. In these circumstances it would not be possible to use the systems, in particular the living environment, as intensively.

In such circumstances the risk management can be used to:

- Consider the extent of being able to manage risk
- Identify what parts of the child's wider environments can be targeted for change
- Identify realistic areas for intervention
- Identify additional resources that would be useful/necessary to assist in managing risk

The advantages of the framework, particularly when applied to the risk management protocol includes the following:

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

Part four – Risk management protocol

The Risk Management Protocol is applied within existing GIRFEC principles and Protocols, Child Protection and Children in Need Procedures.

Key principles

The points below highlight principles particular to understanding and managing risk for children sexually harmful behaviours.

- The responsibility for risk management has to be held within a multi-agency perspective
- Children need to be recognised as significantly different to adult sex offender
- Research indicates positive outcomes in risk reduction for children with sexually harmful behaviours
- The nature of risk is fluid and dynamic
- Responsibility is a process, starting with the adults
- The environment has a huge influence on the child and on making risk more or less manageable
- Viewing risk in terms of its manageability offers a tangible means for responding to it.

Who is this protocol for?

This protocol would apply to all children who are exhibiting behaviours that are harmful to either themselves or others and identified as reactive, extensive mutual or abusive (Appendix 2).

The Protocol is applied within existing procedures, both Child Protection Procedures and Children in Need. It should be used by all agencies that have responsibility for the safety and well-being of children. In order to minimise repeated reporting and avoid duplication the lead professional may wish to give consideration to scheduling Risk Management meetings to coincide with other relevant reviews and core groups

Social Work has the lead responsibility for the implementation of the Risk Management Protocol. The effectiveness of the protocol will however be determined by the ability of agencies coming together to share the responsibility for risk management.

The Protocol offers a multi-agency means to manage risk more effectively. It requires the key agencies involved in risk management to come together for an Initial Risk Management Meeting where a Risk Management Team is identified.

Identifying harmful sexual behaviours and other factors that raise concern

All relevant Agencies should ensure they have read the earlier parts of this guidance. An understanding of key messages from research and the policy context in which all agencies work is essential for effective decision making and ensuring children's need are met and any potential risk is managed.

The Brook Traffic Light tool

The Brook Tool should be used as the first step to help inform initial opinions about the nature of the sexual behaviour that has raised concern. When possible full reference should always be made to the most up-to-date version and the accompanying guidance www.brook.org.uk/old/index.php/traffic-lights. Example extract is outlined in Appendix 1.

This tool is intended to help professionals understand healthy sexual development and distinguish it from sexual behaviours that may be out with the normal range or clearly harmful. It can help professionals across different agencies work to the same criteria when making decisions and promote a unified approach. In brief, it identifies sexual behaviours within a child's developmental stages as green, amber or red as follows:

- Green behaviours reflect safe and healthy sexual development
- Amber behaviours have the potential to be outside of safe and healthy development. These behaviours signal the need to take notice and gather information to consider appropriate action
- Red behaviours are outside of safe and healthy behaviour. These behaviours indicate a need for immediate intervention and action.

The example descriptions of behaviours are not definitive or prescriptive. The aim is not to define how children and young people should behave, but instead show which behaviours are natural and healthy and those which are potentially harmful and may need intervention or support.

The broader context

The 'traffic light colours' should not be applied as simplistic labels on their own, such as "it is an amber behaviour". It is important that professional judgement is applied to provide a timely and appropriate response as well as establish relevant contextual information. Therefore the following questions should also be considered as appropriate:

- Is the presenting behaviour consensual for all children involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Is the behaviour unusual for the child?
- Does the behaviour involve children of a similar age or developmental ability?
- Is the behaviour occurring in a public or private space? Does this increase or reduce concerns?
- Is the behaviour excessive, coercive, degrading or threatening?
- Are other children showing signs of alarm or distress as a result of the behaviour?

Any concerns about a child's behaviour should be discussed with your agency child protection coordinator and with the child's Named Person. Having identified a potentially harmful sexual behaviour, concern for the child would increase if the child had any additional vulnerability factors, including the following examples: (See also Section 1 of this guidance)

- children who have a disability or developmental issues
- have experienced some kind of abuse or neglect
- Experienced disruptions to their development or socialisation

A written record in line with local procedures should be made of any observation and/or information gathered. The Behaviour Reporting Form (Appendix 3) provides prompts regarding relevant contextual information as follows:

- Type of behaviour
- Context of the behaviour
- Relationship between the child involved
- Response of other children involved
- Response of the child
- What was attempted to address the behaviour and what was the child response to that

This form can be used as an Appendix/standalone form or the questions used as prompts to any existing recording system in place. Written records should include detail of any actions taken and the communication that has taken place with the Agency Child protection coordinator and the Named Person.

What to do next and sharing Notification of Concern (referral) to social work

Having identified a potentially harmful sexual behaviour (an amber or red behaviour) single agency child protection procedures should be followed. Contact should be made with social work services, Advice and Response team or Social Work Out of Hours.

The individual making the notification of concern should not delay, even if that means that not all information is available at the time. Along with the standard notification of concern information, the referrer should pass on as much detail as possible about the sexual behaviour. That information will have been informed using the Brook Tool with reference to

the additional questions above as well as the Behaviour Reporting Form (Appendix 3). Typically, the referrer will also advise social work of the communication that has already taken place with the Named Person.

Within Education Settings, where a Child Protection Coordinator and or/Named person believes that a child may have been involved in harmful sexual behavior in addition to Advice & Response, the Education Central Team must be notified without delay. Advice and Response staff will confirm when/if the parents of all children involved should be informed. (This is in line with Education Single Agency Child Protection Procedures).

There may be occasions (see Appendix 8) where the Education Authority view it necessary to make immediate and additional decisions to manage risk and consider the Educational arrangements for the child. At these times, interim decisions may be required whilst awaiting the final outcome of the Social Work led initial child protection or multi-agency assessment. An Education review meeting will be arranged by Education and attended by Social Work. The arrangements for the meeting will be discussed between the Education service staff and the relevant Team manager leading the investigation to ensure clear communication and appropriate representation from Social Work. That meeting will not replace the Social Work led child protection case discussion/risk management meeting.

Procedural processes are shown in Appendices. Additional guidance for schools is also available in Appendice 8.

Receiving a notification of concern / referral

When Social Work are first notified of harmful sexual behaviours by a child, the need to proceed under Child Protection Procedures should always be considered. It should be noted that the child involved in displaying the behaviours should be dealt with separately from the victim(s).

Social work staff will consider the information received in the context of the Brook Tool, Appendix 1 and alongside any additional information gained from review of relevant social work records. In understanding the assessment of risk, it is important to consider the probability of the event or concern in question and its likely or actual consequences. In consultation with other key agencies, decisions should be reached on the basis of:

- The seriousness of the behaviours
- The vulnerability of the child, including any developmental issue and needs
- The accumulation of information
- The source of concerns
- The context in which the child is living
- Any predisposing factors in the family that would suggest unmanageability of risk

The initial information gathering, initial referral discussion and assessment stage will follow child protection procedures if behaviours fall into amber, red, reactive, extensive mutual or abusive (Appendix 1 and Appendix 2).

If the decision is not to proceed to a child protection case discussion, the reasons for this decision should be clearly recorded in the child's record. This information should also be communicated with the Child's Named Person and that conversation also recorded.

Depending on the situation the Initial Assessment will either be reflected by completion of an initial Child Protection Investigation Report (CP1) or in a multi-agency comprehensive assessment completed by social work. This assessment will be integrated as part of child's single plan and case managed by the lead professional.

Assessments will reflect the principles and practice outlined in this guidance, presenting the necessary focus on the child's sexual behaviours within the broader context of the child's needs and circumstances.

Initial risk management meeting

The initial Risk Management Meeting will be planned as an integral part of Child Protection Procedures as a Child Protection Case Discussion (or proceed directly to initial case conference). Alongside the usual considerations, the Chair should pay particular attention to the specific matters relevant to risk management for children exhibiting sexually harmful behaviour, including:

- Ensure team awareness of philosophy and principles of understanding and managing risk
- Clarity regarding legal process
- An initial analysis of the sexual behaviours
- An initial hypothesis about the child's pathways into sexual behaviours
- Family response and level of stability in current living environment
- Community response
- Immediate risk management requirements, including what safety plans are required and ensuring safety plans are being completed
- Consideration to third party disclosures
- The need for continued Child Protection Procedures
- Accommodation requirements. (See Appendix 10 – Guidance to inform early decision making)
- Education requirements. Consideration should be given to the child's Educational status and whether there is need for a Review Education Meeting (see Appendix 8 Additional guidance for schools)
- Agreed membership of the Risk Management Team
- A date and time for the first Risk Management Review
- Identification of assessment process, timescale and identified worked

Risk management and the responsibility for this is shared across the team around the child. Risk management team members are the main source of monitoring and evaluation, therefore need to be actively engaged with the risk management process. Where there are disagreements about decisions made, this should be explored fully as to how this can impact on risk.

A record/minute of the meeting will be taken by shared services and held in line with local recording procedures.

Decisions in relation to risk assessment and management should outline the child's rights, likely timescales and processes in place to monitor and review decisions affecting the child.

Children and their parents should be informed of all decisions in relation to risk assessment and management unless there are defensible reasons not to do so. Communication with children should be age and developmentally appropriate and should happen in addition to information that is shared directly with the parents.

The Risk Management team

The purpose of the Risk Management team is to ensure all relevant environments, workers and carers or parents have a shared understanding of the level and nature of concern as well as an identified role and shared responsibility for risk management and risk reduction.

The Risk Management Team would involve the key adults in the child's life and any other professionals considered necessary. Membership might include the Named Person, parents, social worker, manager, alternative carers, unit manager, school, educational/clinical psychologist and any other treatment provider involved with the child. In many cases the Risk Management team may in some cases be an existing multi-agency 'team around the child' for example, when a child is looked after or has additional needs. However, there may be additional members that are required, for example, for more serious behaviours and/or depending on the stage of the process other agencies such as police may be represented.

The participation of the child's parents is strongly encouraged at Risk Management meetings. However, the level, nature and timing of involvement will very much depend on individual circumstances. How and when to engage parents in a meaningful way in risk management will be influenced by a number of factors, such as the stage of the process, information gathered and the potential impact on and/or the capacity of the carer. Parents can experience a number of strong emotions when their child has engaged in sexually harmful behaviour, particularly when this has been towards another sibling or extended family member. Professionals need to be sensitive to this. It may also be unclear, particularly in the early stages as to the role and relationship of the family environment on the emergence of the harmful sexual behaviours.

Roles and responsibilities

The risk Management Team play a key role in helping to manage, evaluate and monitor risk as assessments and long term interventions are undertaken.

Each member of the Risk Management team will play a respective part with the implementation and monitoring of safety plans and risk management strategies. This will include supporting any agreed work or communication with the child and family. In addition, this team will ensure that any new concerns regarding the child's behaviours (sexual or non-sexual) or any changes and/or other issues impacting on risk are communicated effectively.

Risk Management reviews

When identified that the child requires on-going risk management either through Child Protection or Child in Need processes, the Risk Management team will meet regularly thereafter on a case by case basis. These meetings are called Risk Management Reviews and the purpose is to manage, evaluate and monitor risk as assessments and long term interventions are undertaken.

The frequency of risk management Reviews will be decided by the Chair, typically either the Team Manager or Fieldwork Manager. Decisions regarding timescales will be in line with the level of concern, the agreed processes in place and the phase and stage of the case. Meetings should always be considered when it is anticipated that risk will become higher, e.g. Christmas, other events, holidays, key changes. Additional meetings may have to be convened at short notice where there are unforeseen escalations in risk.

Where a comprehensive assessment is being undertaken there should be a Risk Management Review both during and at the end of the assessment to assist in the short term management and monitoring of risk.

The Risk Management Reviews will:

- Clarify Intervention stage (phase 1,2,3,4)
- Identify any current or on-going sexual behaviours
- Explore ongoing dynamic factors impacting on risk (eg. internal such as the child's emotions, capacity and external such as key events, memorials, holidays, exams etc)
- Discuss the level of concern (increased, decreased, stayed the same)
- Review and amend where necessary previous risk management strategies and Safety plans Consider communications between the systems
- Identify any disclosure issues
- Identify any other risk management issues
- Update on work with child (this may cover sexual behaviour specific work or related work, family work or therapeutic interventions))
- Discuss child's views and agree feedback to child (and parents)
- Clarify roles and responsibilities

A written record should be taken of all risk management review meetings. This will be stored and shared in line with the relevant local procedures (See Risk Management Review template Appendix 4).

Transition / transfer

If a child is to move to another Authority, information should be shared to ensure any necessary care and risk management arrangements can continue. If a child's needs suggest they will require transfer to adult services then appropriate and timely transition planning should be put in place. In each of these situations, existing local procedures should be followed.

Final risk management meetings

Final risk management meetings that take place within child protection procedures or child in need procedures should reflect reasons for the process ending and correlate to the risk and goals identified in assessment. The continued role of the Lead Professional and the Named Person should also be outlined and any arrangements in place if/when the child's case is to return to single agency planning.

Part three – Practice tools and Appendices

Contents

(Word version of templates is available for practice)

1. Identifying Healthy and Concerning Sexual Behaviours
2. Framework to assist in defining behaviours (Adapted from Johnson 2000, and Worling, 2001)
3. Behaviour Reporting form
4. Risk Management Review meeting template
5. Procedural Process Chart – Social Work
6. Procedural Process Chart – Schools Services
7. Procedural Process Chart – Other Agencies
8. Additional guidance – School, meeting the needs of children with sexually harmful behaviours
9. Additional guidance – Information sharing
10. Additional guidance – Guidance notes to help inform decision making process
11. Safety Plans
 - a. Home Safety Plan
 - b. Residential Safety Plan
 - c. School Safety Plan
 - d. Community Safety Plan

Appendix 1 – Brook Traffic Light tool

Identifying healthy and concerning sexual behaviours

This resource has been designed to help professionals think through their decisions and does not replace organisational procedures or assessment frameworks. The most up to date on-line version should always be used and reference made to the full accompanying guidance www.brook.org.uk/old/index.php/traffic-lights (the example extract below is reflective of information July 2015)

| All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary. | | |
|---|---|---|
| What is a green behaviour? | What is an amber behaviour? | What is a red behaviour? |
| <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 | <p>Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:</p> <ul style="list-style-type: none"> • of potential concern due to age, or developmental differences • of potential concern due to activity type, frequency, duration or context in which they occur | <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 |
| What can you do? | What can you do? | What can you do? |
| <p>Green behaviours provide opportunities to give positive feedback and additional information.</p> | <p>Amber behaviours signal the need to take notice and gather information to assess the appropriate action.</p> | <p>Red behaviours indicate a need for immediate intervention and action</p> |

Behaviours: age 0 to 5

| Green behaviours | Amber behaviours | Red behaviours |
|--|---|---|
| <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"> • 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"> • 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 |

Behaviours: age 5 to 9

| Green behaviours | Amber behaviours | Red behaviours |
|--|---|---|
| <ul style="list-style-type: none"> • feeling and touching own genitals • 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"> • 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"> • 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 |

| Behaviours: age 9 to 13 | | |
|--|---|---|
| Green behaviours | Amber behaviours | Red behaviours |
| <ul style="list-style-type: none"> solitary masturbation use of sexual language including swear and slang words having girl / boyfriends who are of the same, opposite or any gender interest in popular culture, e.g. fashion, music, media, online games, chatting online need for pr need for privacy consensual kissing, hugging, holding hands with peers | <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, going missing 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 worrying about being pregnant or having STIs | <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 transmittedinfection (STI) evidence of pregnancy |

Behaviours: age 13 to 17

| Green behaviours | Amber behaviours | Red behaviours |
|--|---|--|
| <ul style="list-style-type: none"> solitary masturbation sexually explicit conversations with peers obscenities and jokes within the current cultural norm interest in erotica/pornography use of internet/e-media to chat online having sexual or non-sexual relationships sexual activity including hugging, kissing, holding hands consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability choosing not to be sexually active | <ul style="list-style-type: none"> accessing exploitative or violent pornography 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, going missing concern about body image taking and sending naked or sexually provocative images of self or others single 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 | <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 and in a position of trust 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 |

Appendix 2 – Categories to assist in defining inappropriate and harmful behaviours*

Children can present one or more different types of sexual behaviours, sometimes at different points in time. A sexual behavior analysis forms an important part of the assessment process and would be completed by the lead professional.

Inappropriate sexual behaviours

Not all children and adolescents with sexually harmful behaviours will require the implementation of the risk management protocol. For some their sexual behaviour problems may be less serious. While this might include trying to engage others in adult type sexual behaviours or making lewd remarks to the discomfort of others there would be no intention to cause hurt or harm and, significantly, the behaviours cease when met with resistance.

For these children and young people there will be no significant trauma in their backgrounds and they may have secure attachments. However their living environments may not have provided them with the social learning experiences required to help them develop healthy and acceptable sexual and social behaviours. They may have a learning difficulty that has contributed to difficulties in assimilating information and responding to social cues. When challenged about the behaviours there may be some embarrassment but no acute experiences of negative emotions.

Often these children do not require specialist intervention. They do however respond well to clear instruction, guidance and coaching in relation to acceptable behaviours. In such cases a significant adult should be identified to undertake this work.

This may be a parent, teacher or key worker along with support from the other agencies involved such as Social Work and/or Educational Psychologist.

Behaviour indicating both the need for the protocol and more focused interventions

The work of Toni Cavannagh Johnson and James Worling is helpful in thinking about behaviour typologies and definitions that cover both children and adolescents with more serious behaviour problems.

Toni Cavannagh Johnson has written extensively about her work and research on under 12's with problem sexual behaviours. From this she has developed a clinically derived continuum of sexual behaviours providing a template for understanding the presentation of different types of behaviours of young children. This continuum categorises the more problematic behaviours into three groups: 1) sexually reactive; 2) extensive mutual; 3) children who sexually abuse.

Research (Friedrich, 2003) points us to the parents and the child's environment as being important in the etiology of a child's sexual behaviour problems. Because the home environment is often a significant factor in precipitating and sustaining the behaviours, working with the child parents or carers is essential. Generally children with sexual behaviour problems are trying to solve feelings of perhaps, confusion, anxiety, shame, or anger. These children need adults who will understand them and help them solve their problems. Without the right kind of help, children can be left with a range of difficulties that can impact on their capacity to have healthy sexual relationships, at times leaving them vulnerable to exploitation and abuse.

Sexually reactive behaviour

These sexual behaviours can be abusive in their affect on others, however it is important to note that for the child displaying them there is no intent to cause hurt or harm. These behaviours can be done in the full view of others. There is no targeting or planning to the behaviours and recipients may be other children, adults or self-directed. Sometimes these behaviours are outwith the conscious awareness of the child. They may be frequent but are easily stopped when the child is distracted. However, without further interventions, they are likely to re-emerge when the child feels anxious or under stress. The child may have been sexually abused or have been exposed to sexual behaviours at an age and stage when they have been unable to process this. The behaviours are often the child's way of trying to understand and work through what has happened to them. When the behaviours are brought to light feelings of shame, guilt and anxiety are often present but anger is not.

* (Adapted from Johnson 2000, and Worling, 2001)

Extensive mutual sexual behaviours

These children's behaviours are extensive and can include the full spectrum of adult sexual behaviours. The children tend to have been severely hurt by adults and often chronic neglect features strongly in their backgrounds. They have major attachment difficulties and are the most difficult group to engage with. They tend to be the least motivated to change their behaviours. Any coercion they may use with other children will be subtle, as they tend to engage with other children who are similar. The sexual behaviours are a means of meeting a whole host of unmet needs and are not linked with aggression or retaliation. These children can be blasé about discussing the behaviours as sex and sexuality have pervaded their thinking and therefore many aspects of it have been normalized by them.

Abusive

There are a small number of young children who engage in sexually abusive behaviours. Usually a growing pattern of sexual behaviour problems is evident in their histories. In the homes of children who abuse it is likely that they will have been exposed to boundary violations on a sexual, physical and emotional level. In our experience many of these children have witnessed domestic violence. Intense sexual confusion is a hall mark to their thinking and behaviour. Sexuality and aggression can also be closely linked. These children may use force, fear, intimidation, trickery to coerce another into the behaviour. The child's motivation for engaging in the sexual behaviours is to act out negative emotions towards a third person (parent/sibling) or to act out generalised negative emotions. (Johnson, 2006). It is not until adolescence that the issue of being able to control others becomes a further motivational factor.

Adolescents

There are a small number of young children who engage in sexually abusive behaviours. Usually a growing pattern of sexual behaviour problems is evident in their histories. In the homes of children who abuse it is likely that they will have been exposed to boundary violations on a sexual, physical and emotional level. In our experience many of these children have witnessed domestic violence. Intense sexual confusion is a hall mark to their thinking and behaviour. Sexuality and aggression can also be closely linked. These children may use force, fear, intimidation, trickery to coerce another into the behaviour. The child's motivation for engaging in the sexual behaviours is to act out negative emotions towards a third person (parent/sibling) or to act out generalised negative emotions. (Johnson, 2006). It is not until adolescence that the issue of being able to control others becomes a further motivational factor.

Antisocial/impulsive

- Over controlled/reserved
- Unusual/isolated
- Confident/aggressive

In Worling's study (2001) the largest group represented young people who were antisocial and impulsive. It is important to note a high prevalence of childhood physical abuse within this group. Domestic violence also features highly in these children's lives. These young people tend to have high levels of delinquency and impulsivity. They are more likely to have a propensity for rule breaking and their behaviours tend to manifest higher levels of anger and aggression. Their sexual offending, at least initially and in part, may be more as a result of this propensity for rule violation rather than from a deviant sexual arousal. Therefore traditional relapse prevention models would not work terribly well without work on those treatment targets that have shown to be essential in the treatment of general delinquency. With repeated sexual offending deviant sexual arousal could become an important factor to work on in addition to the more general antisocial behaviours and attitudes. Within their intervention plan it is important to address their physical maltreatment. Presently it appears that trauma - specific cognitive – behavioural interventions are the most effective for this purpose.

Over controlled/reserved

Worling describes over controlled/reserved young people as endorsing of pro social attitudes but who are cautious about their interactions with others and have a tendency to keep their feelings to themselves. Their sexually abusive behaviours are often therefore developed within the context of an overall shy and rigid interpersonal style which makes it difficult for these young people to access more normative intimate relationships with peers. In contrast to the anti-social group these young people are not likely to require an emphasis within treatment on general delinquency issues such as impulsivity or attitudes supportive of criminality. Rather they need to develop ways of emotional expression and appropriate social relationships.

Unusual/isolated

An important feature for adolescents within the Unusual/Isolated group may be their peculiar presentation and social isolation. The development and maintenance of a healthy and intimate sexual relationship with a consenting peer may be particularly problematic for these young people given their awkward personality features. Perhaps in addition to more traditional sexual offence specific treatment these young people need instruction in a number of basic social skills.

Confident/aggressive

In direct contrast the confident and aggressive group tend to have a much healthier interpersonal presentation and they can be described as confident, friendly and optimistic. They would not particularly benefit from intensive remedial work in basic social skills. On the other hand this group can also be described as aggressive and narcissistic: therefore the initiation of their sexual behaviours may at least in part be related to these issues. Successful interventions with this group may require that their aggressive and self-centred orientation be targeted specifically in addition to sexual offence specific work.

Appendix 3 – Behaviour reporting form

The more detail about sexual behaviours the more informed the analysis can be. Please complete this form for each incident of sexual behaviours. This information should be collated from information already held. The child should not be interviewed further only for the purpose of completing this form.

| | |
|---|-------|
| Person completing form: | Date: |
| Type of behaviour: describe in as much detail as possible what the child did or said: (If this was internet related detail names of websites and other information found on history) | |
| Context of the behaviour: describe what preceded the behaviour e.g. where did the behaviour occur, what was the child/young person doing immediately prior to the behaviour, was the behaviour spontaneous or planned, what was the atmosphere of the environment? If another young person/child or adult was involved was there use of force, coercion or threats? | |

Adapted from The AIM Project, Guidelines for Understanding and Managing Sexually Problematic/Harmful behaviours in Residential Settings, Author Carol Carson

Relationship between the children involved: e.g. are they of a similar age, would they normally associate with each other; is there anything to suggest that one child/young person may be more in control than the other e.g. size, ability, status, strength differences?

Response of other children involved: e.g. did they engage freely? Were they uncomfortable? Were they anxious or fearful?

Response of the child: e.g. were they defensive, denying, aggressive, angry, or were they passive; or were they embarrassed, regretful and taking responsibility? Did they present as connected or disengaged from events or people around them at the time?

What was attempted to address the behaviour and what was the child response to that? E.g. could the child/young person be easily focused on another task, or were they difficult to distract and kept returning to the behaviour. Did they respond to the boundaries that were set?

Appendix 4 – Risk management review template

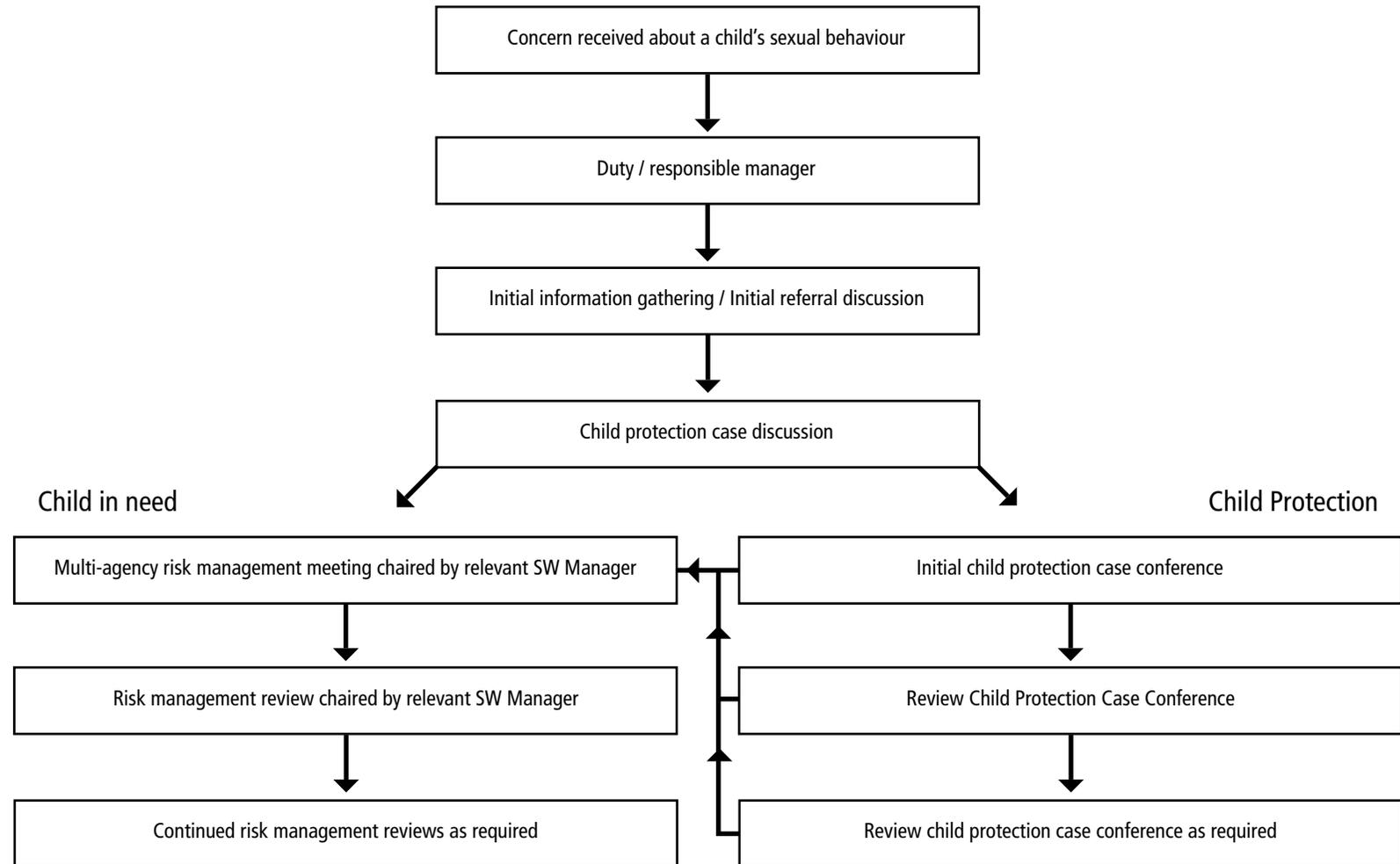
This template below should be used to summarise key recommendations in relation to risk management. It can help facilitate effective communication of decisions in relation to risk management, but should not be used as an alternative to the more comprehensive Single Plan.

| Risk management review template | |
|---|---------------------------------|
| <p>This meeting is convened in line with the Multi-agency Framework and Protocol for children with sexually harmful behaviours. The purpose of the meeting is to:</p> <ul style="list-style-type: none"> • Share information to inform on-going risk management strategies • Review any existing safety plans in place and consider any adaptations that may be required (in response to increased or decreased risk) • Devise a risk management plan • Clarify roles and responsibilities | |
| Name of child: | Date of Risk Management Review: |
| DOB: | Present: |
| Apologies: | |
| <p>Past Behaviours resulting in the implementation of the protocol:</p> <p>Discussion areas:</p> <ul style="list-style-type: none"> • Intervention stage (phase 1,2,3,4) • Any current or on-going sexual behaviours • Ongoing dynamic factors impacting on risk (eg. internal such as the child's emotions, capacity and external such as key events, memorials, holidays, exams etc.) • Level of concern (increased, decreased, stayed the same) • Safety plans (eg review, identify issues and adapt as necessary) • Communications between the systems • Review of previous risk management strategies and action plan • Disclosure issues • Any other risk management issues • Update on work with child, parents and any other adults • Child's views • Feedback to child (and parents) | |

Risk management strategies and action plan

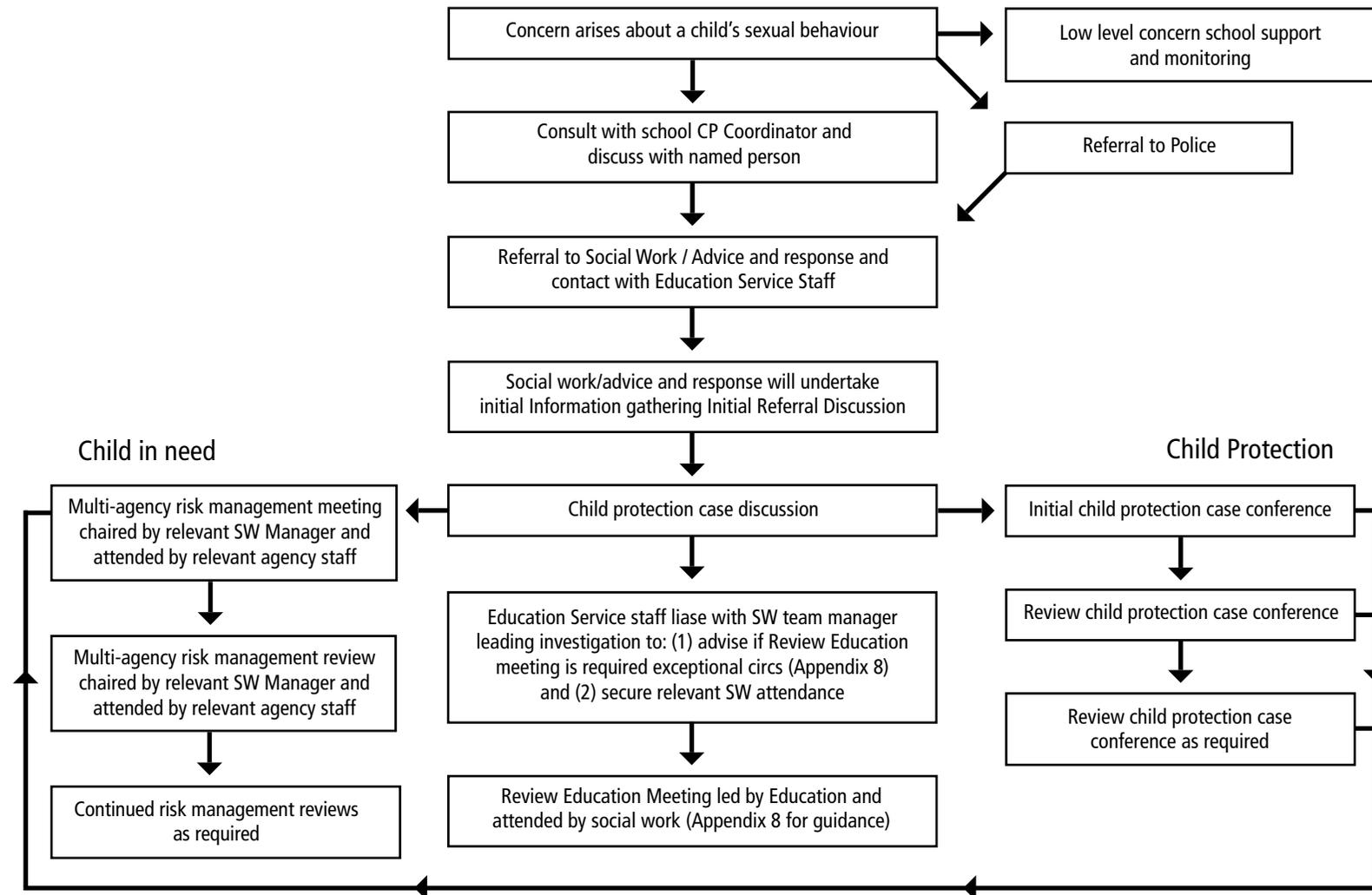
| Agreed risk management task / activities | Timescale | Responsible agency / person | Outcomes |
|--|------------------------|-----------------------------|----------|
| | | | |
| Is there a general consensus on the level and nature of concerns and risks across the risk management team? Yes / no | | | |
| Dissent or disagreement with review discussions or decisions as follows: | | | |
| Name | Nature of disagreement | Actions | |
| | | | |
| Chair person: | | Date of next review | |

Appendix 5 – Procedural flowchart, childcare social work



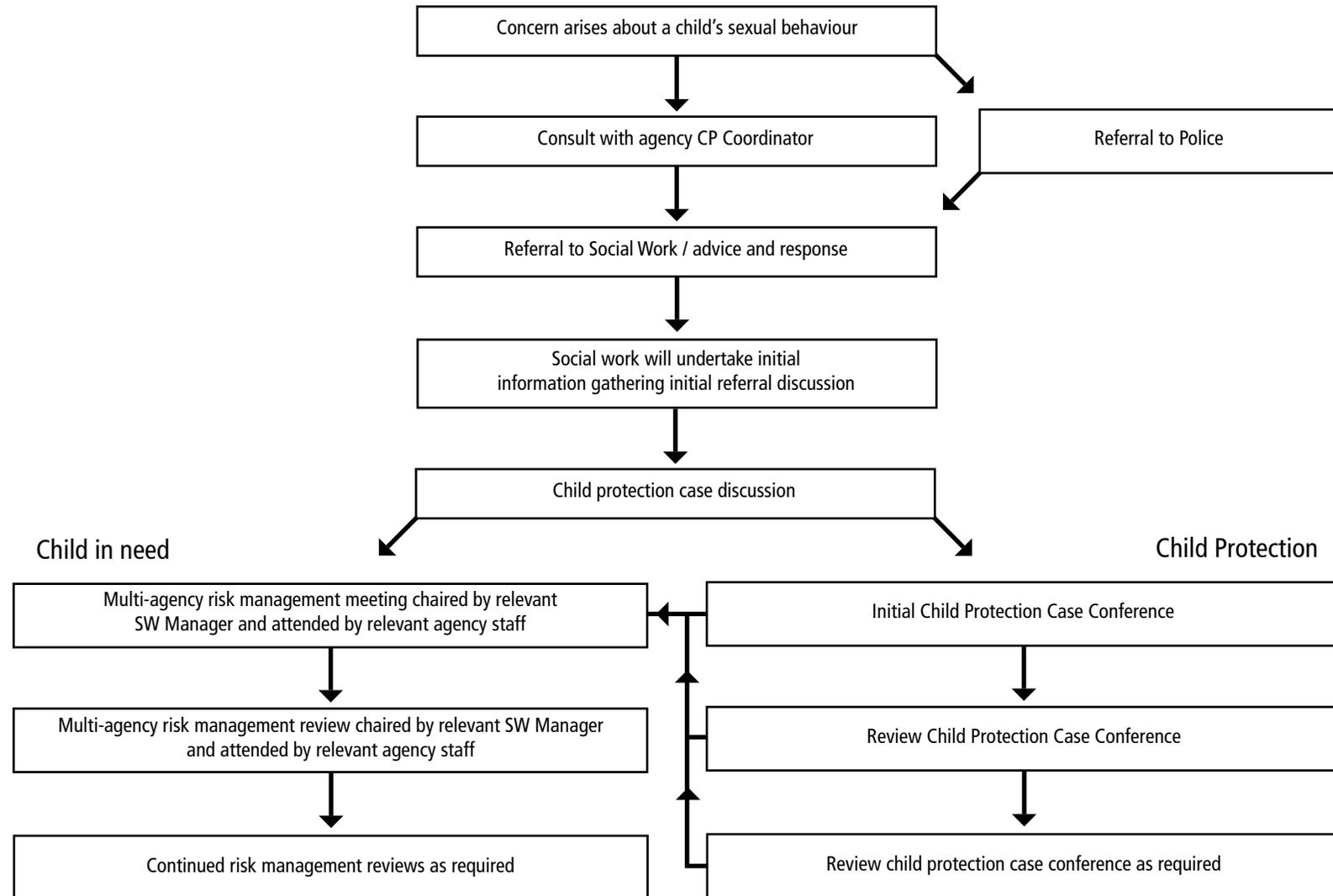
Comprehensive assessment and child's single plan will be updated as appropriate. Focused risk assessments will be updated six monthly. Communication between named person and lead professional will take place in line with local procedures across each each stage of the process.

Appendix 6 – Procedural flowchart, schools services



Communication between named person and lead professional will take place in line with local procedures and across each stage of the process.

Appendix 7 – Procedural flowchart – Other agencies



Communication between named person and lead professional will take place in line with local procedures and across each stage of the process.

Appendix 8 – Additional guidance for school staff

All schools have a designated Child Protection Co-ordinator with the responsibility for Child Protection, who is normally the Head Teacher (primary schools) or Depute Head Teacher (secondary schools). This person, will act as the source of support and advice. The Head Teacher will ensure all staff are aware of the Education Child Protection Procedures and all relevant child protection protocols including this Multi-agency Protocol.

School staff should be aware of the principles and the processes outlined in this protocol. In particular:

- how to identify and report concerns
- their role and responsibility in the development and management of a multi-agency risk management plan.

Communication with the Named Person will take place at all stages in line with local procedures

School Staff Role and Responsibilities

In most cases where the information about a child's sexual behaviours is of sufficient concern to the Social Work Service and Police, an Initial Referral Decision will be made regarding whether Child Protection Procedures should be implemented. If so, a Child Protection Case Discussion will be convened with the outlined focus on sexual behaviours and immediate risk management. (further detail of this is on p33/34 of this protocol).

The school Child Protection Coordinator will receive support from Education Service staff, including Inclusion Officer, Education Officer and/or Educational Psychologist.

Initial Child Protection Case Discussion/ Risk Management Meeting

The initial multi-agency meeting, like any other child protection case discussion will consider all those matters relating to the care and safety for the child, but will have an additional focus around the alleged sexually harmful behaviours. The particular roles of the Education Service in this initial meeting will include:

- Sharing of appropriate information
- Consider/seek advice from Social work regarding any disclosure issues and clarity regarding the legal process
- Consider whether an Education Review meeting is required to consider issues immediately relevant to the the school/pupils education at this stage and if relevant, the timescale for this
- Consider appropriateness of current education placement, this will include the school/education setting's capacity to manage risk and the nature of the sexual behaviours (this will helped to be informed by the completion of a school safety plan)
- Discussion with Education Service central team regarding school placement and necessary support mechanisms
- If immediate alternative recommended, identify short term alternative educational arrangements
- Identify appropriate staff to advise parents of education placement decision
- Determine transport needs if any
- Contribute to multi-agency initial and on-going assessment process
- Contribute to multi-agency risk management processes, including working in partnership with social work to complete necessary safety plans

Education review multi-agency meetings

An Education Review meeting will be arranged as directed by Education Officer/Inclusion Officer. This meeting will be attended by Social Work. The relevant Education Service staff will liaise with the Field work Social work manager who is leading the child protection investigation to advise of the meeting and secure appropriate social work attendance.

The primary aim of the Education Review meeting is to consider the child's education provision. This meeting can only make interim decisions/recommendations that will be contingent upon the outcomes of the child protection investigation (CPI). Decisions will be better informed and recommendations clearer when the investigation is complete.

An Education Review meeting would normally be convened under the following exceptional circumstances:

- Where the Education Service view that more information is required before an informed decision is made regarding the ongoing education of all parties involved in the alleged incident(s)
- Where specific decisions cannot wait for timescales within Child Protection Procedures
- Where a child has transferred from another authority with a previous history of problem sexual behaviours but no current child protection procedures are required

In considering the need for exclusion or transfer it is important to take account of the following:

- Whether the sexually harmful behaviours occurred in the school setting
- Where the behaviours did not occur in the school setting, but the victim attends the same school
- The views of the victim and his or her family
- The needs of staff
- The known risks of further occurrences happening in the school
- Whether complaints have been made previously against this child by parents or other children
- The school's ability to provide adequate supervision and support to manage risk while enabling the child to continue with his/her education. This would be informed through ongoing risk management meetings either through child in need or child protection processes.

The Aims of the Education Review meeting include the following:

- To develop a contingency plan to meet health and safety and duty of care requirements of the school, including safety of other pupils and staff
- To establish who in school needs to know about the situation (again in consultation with social work regarding information sharing and legal status)
- On the basis of information received, to identify any changes required regarding level of supervision for pupil, going and coming from school, at break times, in particular subjects etc.
- To identify a key link person e.g. School Child Protection Co-ordinator (for linking with parents/ school/authority)
- To identify immediate/short term risk management and support plan for pupil/siblings/staff/victim
- Seek the views of the family in response to the views of professionals
- Confirm arrangements in place to link with social work led multi-agency assessment and the implementation of the multi-agency risk management protocol

Recording and monitoring

A record of the meeting should be made and stored in line with local procedures. The risk management arrangements should be noted in the Child's support plan.

Appendix 9 – Information sharing and third party information

For young people who present a risk under age 12, information sharing guidance within Child Protection Procedures should be followed. For those young people age 16-18 who present a risk, information sharing guidance within Adult Protection or Child Protection procedures may be appropriate. FRAME 2014 provides the following guidance:

Sharing information between professionals is a core component of effective risk assessment and risk management. All agencies should be guided by the imperatives of community safety and the welfare of the child in deciding what information is relevant and appropriate to share. As outlined in ss. 16 and 17 of the Children (Scotland) Act 1995 public protection imperatives supersede the principle of the welfare of the child when the two conflict. It should be borne in mind that a fairly minor concern raised by one agency may, when combined with information from other agencies, point to much more serious concerns.

Scottish Executive Justice Department Circular 15/2005 usefully outlines justifications for sharing information which include:

- protection of children;
- preventing, detecting and reporting crime; and,
- assessing and managing the risks posed by offenders.

In general, information will not be shared without the consent of the child or young person (and/or his parent(s)/carer(s) depending on the child or young person's age and maturity). However information may need to be shared without consent where:

- the child is at risk of harm;
- where there are wider crime prevention and/or crime reporting implications;
- where there are wider public protection implications;
- where there are wider child protection implications; and/or,
- where a failure to share information would impair any subsequent investigation.

Recent advisory guidance from the Office of the Information Commissioner notes that if there is any doubt about the wellbeing of the child and young person the decision of professionals is to share information, the Data Protection Act 1998 should not be viewed as a barrier to proportionate sharing. The process around care and risk management decision making should be incorporated into any existing local information-sharing guidance.

In some situations restricted access information will need to be shared at a care and risk management meeting. This includes information that by its nature cannot be shared freely with the child or young person and/or his parent(s)/carer(s). Such information may not be shared with any other person without the explicit permission of the provider. Restricted information includes:

- Sub-judice information that forms part of legal proceedings and which could compromise those proceedings;
- Information from a third party that could identify them if shared;
- Information about an individual that may not be known to others, even close family members, such as medical history and intelligence reports; and,
- Information that, if shared, could place an individual(s) at risk.

If a child or young person is subject to Police investigation this should not delay the convening of a care and risk management meeting. Assessment and intervention processes will need to be proportionate to the legal status of the case, balancing the child or young person's rights against identified issues in relation to public safety.

Appendix 10 – Guidance notes to assist in decision making processes

Legal mandate

The need for a legal mandate may be considered where:

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

Staying at home or being accommodated

Placement decisions about a child staying at home should take account of the following:

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

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

Specialist residential considerations

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

The unit / foster home

- Culture and atmosphere of living environment
- Carers need to consider if any aspects of the living environment are contributing to the child's behaviours. In addition consideration should be given to how the child's behaviours are impacting on other children and adults in the living environment. The dynamics and culture of the living environment can contribute to risk making it more or less manageable e.g. leniency over supervision, other children's needs, etc

Appendix 11a – Home safety plan

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

Safety plans contribute to the overall Risk Management Plan. They should be ratified within Risk Management Meetings. Risk management is an ongoing process and the plan can be developed and reviewed by workers as the assessment and intervention is ongoing. Alternatively, if there are on going risk management meetings then the process of reviewing risk management issues can be held in these meetings. Consideration should be given to what aspects of the safety plan are shared with the child and how this can be incorporated in their own safety plan. It is important that the child receive positive messages about the plan and that positive behaviour is supported.

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

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

Personal details

| | |
|--------------------------|------------------|
| Name of child: | Date of birth: |
| Worker: | Parents / carer: |
| Date safety plan agreed: | Date of review: |

1. Sexual behaviour in the home

- Has there been any sexual behaviour within the home?
- If yes in what circumstances?
- Do the children touch the adults in a sexualised way in the home and if so in what circumstances?
- Do the children in the home discuss sex and sexual behaviours with each other?

2. Home occupancy

Who lives in the house and what are their ages?

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

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

3. Bedrooms and sleeping

Who sleeps where in the house?

Rules required for bedroom and sleeping

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

Privacy and boundaries

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

Activity

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

Dress code

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

Communication of rules

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

4. Bathroom / toilet

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

Privacy and boundaries

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

Activity

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

Dress code

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

Communication of rules

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

5. Play and other activities in the family home

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

Activities

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

Internet access / gaming

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

Communication of rules

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

6. Play and other activities outside the family home

(See community safety plan.)

7. Family nudity

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

Privacy and boundaries

- Are parents nude in front of the children, and if so in what context?
- Are adults naked around children, children naked around adults and children naked around other children? If so, what is the context?
- Is underwear worn around the house?

Communication of rules

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

8. Family sexuality

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

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

Privacy and boundaries

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

The following areas are more sensitive

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

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

9. Risk management reviews

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

Has the child been engaged in a discussion about risk management? If yes what has been communicated?

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

Appendix 11b – Residential safety plan

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

Safety plans contribute to the overall Risk Management Plan. They should be ratified within Risk Management Meetings. Risk management is an ongoing process and the plan can be developed and reviewed by workers as the assessment and intervention is ongoing. Alternatively, if there are on going risk management meetings then the process of reviewing risk management issues can be held in these meetings. Consideration should be given to what aspects of the safety plan are shared with the child and how this can be incorporated in their own safety plan. It is important that the child receive positive messages about the plan and that positive behaviour is supported.

Personal details

| | |
|-----------------|--------------------------|
| Name of child: | Date of birth: |
| Name of unit: | Key worker: |
| Manager: | Date safety plan agreed: |
| Date of review: | |

Sexual behaviour in residential unit

- Has there been any sexual behaviour in the Unit?
- If yes in what circumstances?

1. Unit occupancy

Who lives in the unit and what are their ages?

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

Does anyone else regularly care for this child? If so, other living environment safety plans will have to be considered.

2. Bedrooms and sleeping

What are the sleeping arrangements in the unit?

Rules required for bedroom and sleeping

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

Privacy and Boundaries

- How many staff are on duty on the night shift and is there waking staff?
- If yes: where are staff located during night and how often do they check on children?
- What are the children's routines around going to bed, getting up?
- When do children tend to go to sleep and how is this known?
- Are any bedrooms shared?
- Are there locks on any of the bedroom doors and if so are they used, when and why?
- Are children allowed in each others rooms: how is this decided and implemented?
- Do any visitors go into bedrooms?
- Are bedroom doors open/closed/locked and how is this decided?
- Can staff hear what is going on at night in different rooms?

Activity

- What is the access TV, multi media etc is in the child's bedrooms or any other bedrooms? What rules are in place regarding access?
- How do children spend time in bedrooms?

Dress code

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

How are rules implemented?

3. Bathroom / toilet

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

Privacy and boundaries

- Has the bathroom/toilet/s got a working lock?
- Who uses the lock and who doesn't and are there any rules about this?
- Does anyone share the use of the bathroom
- Can staff hear what is going on in the bathroom from other rooms in the unit?
- Are children up during the night to use the bathroom?
- What do children wear to and from the bathroom?

4. Sexualisation of the environment

The sexualisation of the unit is like an unwritten code from which everyone living and working there understands acceptable and unacceptable ways of interacting with each other. This covers privacy, intimacy and access to sexual information as well as sexual behaviours. This helps us understand the messages a child will be getting about sexuality.

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

Privacy and Boundaries

- What is the unit's policy on physical contact?
- What are staff's views on intimacy and physical touch?
- What language is tolerated /not tolerated?
- Do staff talk about sex or sexual acts in front of the children or to the children? In what circumstances?
- Do the children touch each other in a sexualised way, and if so in what circumstances?
- Do the children touch the staff in a sexualised way and if so in what circumstances?
- Do the children discuss sex and sexual behaviours with each other?
- Is it possible for younger children to observe older children engage in sexual behaviours?

Access to sexual images/materials

- What kind of access has the child to TV and the Internet?
- What newspapers are regularly in the unit?
- What posters are deemed acceptable / unacceptable
- How is access to the internet available through PC, laptop, games console, mobile phone for the child? What are the devices?
- Where are these devices located?
- Is there a webcam on the PC? Is there wireless connection?
- What length of time does the child spend on PC and / or other devices?
- What sites does the child access?
- Are there any filters / safeguards on computer / laptop / game console / mobile?
- Do staff check online activity? How is this checked?

6. Play and other activities in the unit

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

Activities

- How does the child spend his/her time in the unit?
- Who do they tend to associate most with and is this appropriate?
- Is there a lot of physical contact during play?
- Do friends come in to the unit?
- How is it negotiated for friends to be in the unit?
- What are the current levels of supervision?

Layout

- Where does the child play/hang out with other children in the unit?
- Do staff always know the whereabouts of children /children in the unit?
- How do staff know what they are doing?

7. Play and other activities outside the unit

(See community safety plan.)

8. Staffing and layout

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

Staffing:

- Have staff got all the information they need regarding the child
- How many staff are on each shift?
- How is absence covered?
- What staff need to be aware of the child's behaviour and risk?
- Who is responsible for sharing information about the child and how is this done?
- Are all staff aware of the required level of supervision? How is this communicated within the staff group?
- How is supervision managed at vulnerable times including: staff change over; staff dealing with incidents involving other children; movements between care and education?
- Does family contact take place within the unit? If so how is this managed? (See Contact Safety Plan for Risk Management considerations.)

Layout:

- In considering the layout of the unit and grounds are there particular "blind spots"?
- Is the unit close to any potential risk environments e.g. primary schools, nurseries etc?
- Are there any other building issues to consider?

9. Risk management reviews

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

Has the child been engaged in a discussion about risk management? If yes what has been communicated?

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

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

Appendix 11c – School safety plan

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

Safety plans contribute to the overall Risk Management Plan. They should be ratified within Risk Management Meetings. Risk management is an ongoing process and the plan can be developed and reviewed by workers as the assessment and intervention is ongoing. Alternatively, if there are on going risk management meetings then the process of reviewing risk management issues can be held in these meetings. Consideration should be given to what aspects of the safety plan are shared with the child and how this can be incorporated in their own safety plan. It is important that the child receive positive messages about the plan and that positive behaviour is supported.

Personal details

| | |
|----------------------|--------------------------|
| Name of child: | Date of birth: |
| Worker: | School: |
| School staff member: | Date safety plan agreed: |
| Date of review: | |

Sexual behaviour in residential unit

- Has there been any sexual behaviour in the Unit?
- If yes in what circumstances?

1. Staffing and layout

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

Staffing:

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

Layout:

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

2. In the classroom

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

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

Media/Internet access

- Has the child access to the internet? If so is this through PC, laptop, games console, mobile phone? What are the devices?
- Is there wireless connection? Where are these devices located?
- Is there a webcam on the PC?
- What length of time does the child spend on PC and / or other devices? Is this limited and how?
- What sites does the child access? Do staff check online activity? How is this checked?
- What are the filters / safeguards on PC / laptop / game console / mobile? Details?

3. Times out with classroom structure

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

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

4. Risk management reviews

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

Has the child been engaged in a discussion about risk management? If yes what has been communicated?

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

YES NO

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

Appendix 11d – Community safety plan

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

Safety plans contribute to the overall Risk Management Plan. They should be ratified within Risk Management Meetings. Risk management is an ongoing process and the plan can be developed and reviewed by workers as the assessment and intervention is ongoing. Alternatively, if there are on going risk management meetings then the process of reviewing risk management issues can be held in these meetings. Consideration should be given to what aspects of the safety plan are shared with the child and how this can be incorporated in their own safety plan. It is important that the child receive positive messages about the plan and that positive behaviour is supported.

Personal details

| | |
|--------------------------|------------------|
| Name of child: | Date of birth: |
| Worker: | Parents / carer: |
| Date safety plan agreed: | Date of review: |

Sexual behaviour in the community (either outside or in another person's home)

- Has there been any sexual behaviour in the Unit?
- If yes in what circumstances?

1. Activities in local neighbourhood

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

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

Activity

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

People

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

| Please give relevant detail in relation to activities undertaken by the child: | | |
|--|--------|-----|
| Activity | People | Age |
| Risk management considerations | | |
| Activity | People | Age |
| Risk management considerations | | |
| Activity | People | Age |
| Risk management considerations | | |
| Activity | People | Age |
| Risk management considerations | | |
| Activity | People | Age |
| Risk management considerations | | |
| Activity | People | Age |
| Risk management considerations | | |

3. Risk management reviews

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

Has the child been engaged in a discussion about risk management? If yes what has been communicated?

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

YES

NO

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

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Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu **0300 123 4510**

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