



Harmful Sexual Behaviour Protocol

For use if there is suspicion, allegation or observation of a child or young person having carried out harmful sexual behaviour (HSB).

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1. Introduction

Not all sexual behaviour in children and young people is problematic or harmful; some sexual behaviour is part of healthy development. Sometimes it can be difficult to differentiate between what is developmentally appropriate and what is concerning.

1.1 Definition

For this protocol, harmful sexual behaviours (HSB) are defined as:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult. (Derived from Hackett, 2014). This could include:

- **Contact behaviours** *e.g. touching, masturbation, penetration*
- **Non-contact behaviours** *e.g. grooming, exhibitionism, voyeurism*
- **Technology assisted/online behaviours** *e.g. sexting, distributing images, accessing indecent images of children, abusing children online*

The above definition is deliberately broad; the following protocol encourages an appropriate response at all levels, including preventative, early intervention and specialist responses.

Children who harm others (including sexually) are likely to have considerable needs themselves. Evidence suggests these children may have suffered harm themselves, had significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Children and young people who display harmful sexual behaviour should be held responsible for their behaviour, while being identified and responded to in a way that meets their needs as well as protecting others.

1.2 Tech Assisted HSB

Technology assisted HSB is defined as:

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

- *developmentally inappropriate use of pornography*
- *sexual harassment*
- *grooming*
- *sending sexual texts, including sexting [with or] without images*
- *exposing other children and young people to pornography”*
(NSPCC 2017)

Use the Hackett continuum and below thresholds while considering the following questions:

- Is the person displaying the behaviour a victim of online grooming?
- How many people were involved in the behaviour?
- What police categories do images fall under, how many images?
- What is the nature of the non-contact/tech assisted HSB, e.g., do they involve children/animals?
- How did the child/young person acquire/access the image (what platform e.g. Instagram, Tik Tok, Snap Chat etc.)?
- Did they create and/or distribute the images?
- What is the motivation behind the behaviour e.g. sexual gratification, curiosity, sextortion?
- What is the possible impact of the behaviour e.g. emotional/physical harm?

2. All Agencies: Initial Contact

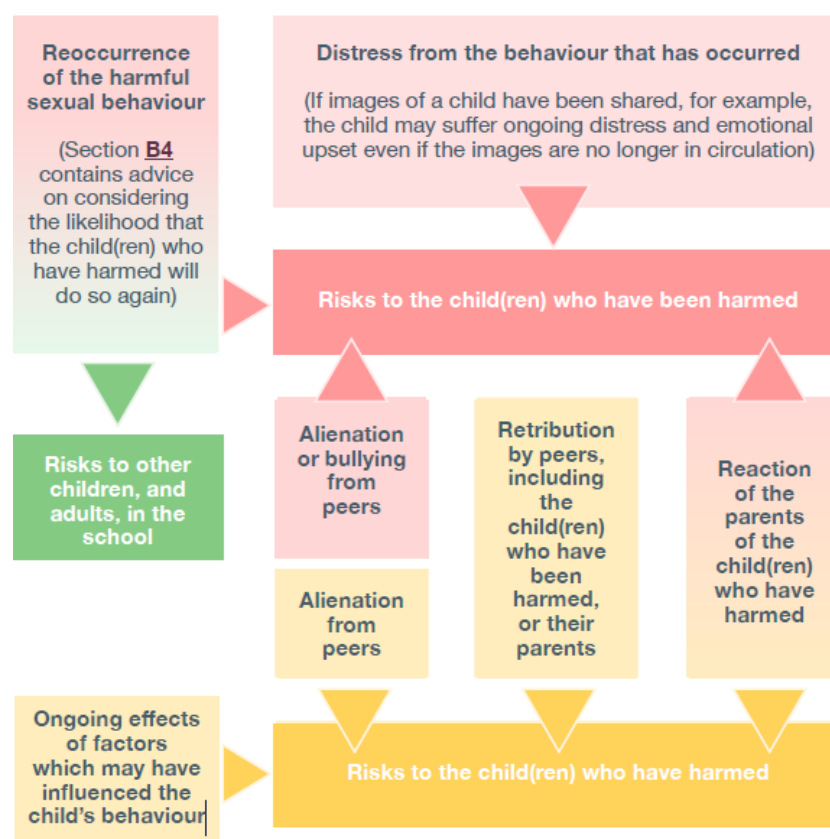
When concerns come to your attention about a child or young person's sexual behaviour, several factors need to be considered to determine whether harmful sexual behaviour has taken place:

- Absence of consent, the presence of power imbalance and exploitation
- The nature of the relationship between the child/young person displaying the behaviour having authority over the victim
- Age inappropriate sexual behaviour
- Frequency and period of time the sexual activity has occurred
- The child or young person's perception of the sexual behaviour
- Secrecy
- Use of force, coercion, threats
- Age difference, particularly if one child is pre-pubescent
- Differences in developmental abilities
- Risks for both the child harmed and the child who has harmed, with particular consideration to risk of escalation through social media.

The Centre of Expertise on Child Sexual Abuse Safety provides a useful overview of risks to consider in 'Safety planning in education: A guide for professionals supporting children following incidents of harmful sexual behaviour' <https://www.csacentre.org.uk/app/uploads/2023/09/Safety-Planning-in-Education.pdf>

What might be the ongoing risks?

Consider the risks in and around the school environment to both/all the children involved, and to others. These may include the following risks:



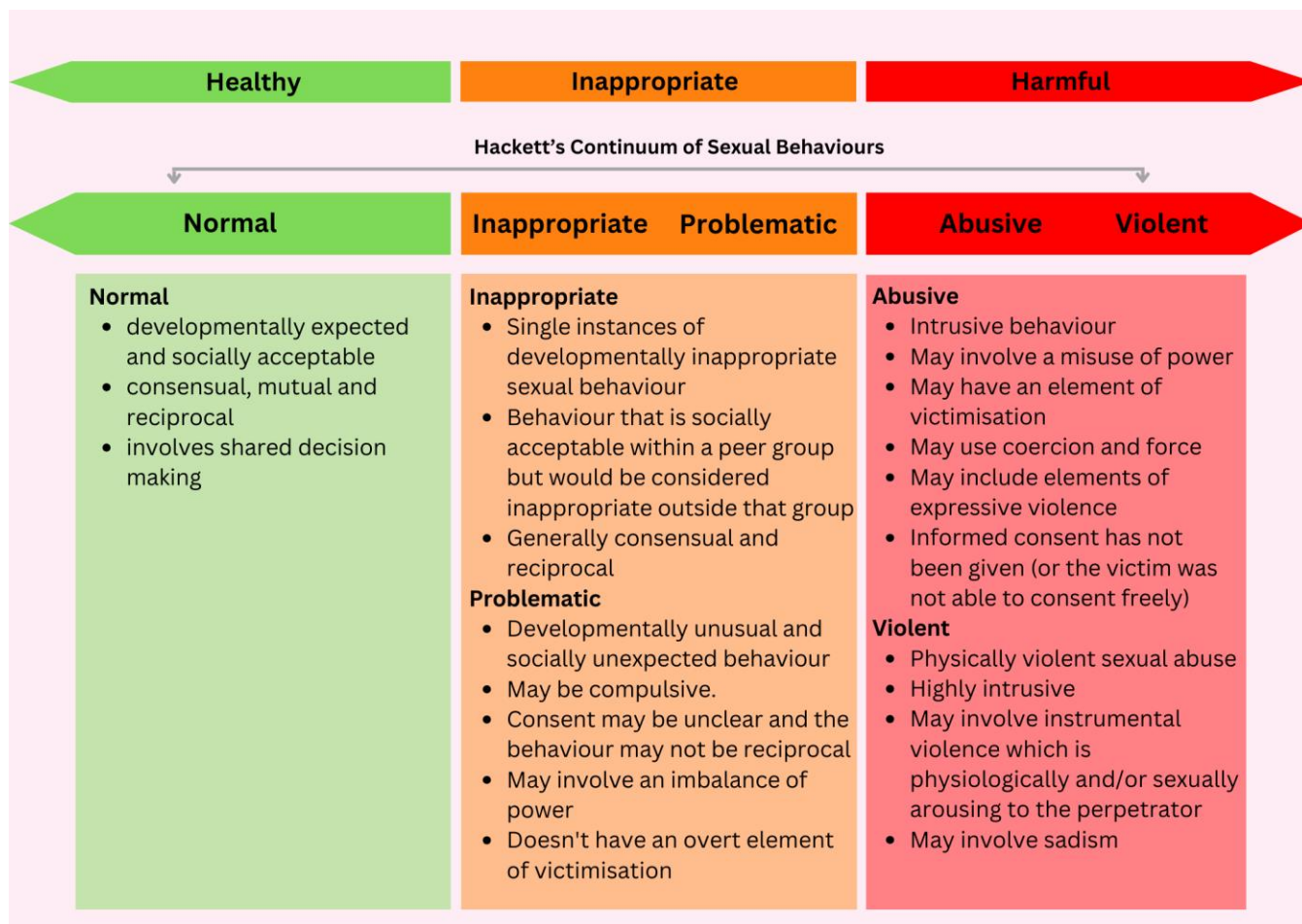
2.1 Consideration of children with SEND/additional needs

It is important to be alert to common characteristics of children with special educational needs, neurodiversity and disabilities (SEND) which put them at greater risk of sexual harm and ensure that adjustments are made to help the child communicate their experiences and views. **Page 44 in *Safety planning in education a guide for professionals supporting children following incidents of harmful sexual behaviour*** provides suggestions to support practitioners to understand the voice and experience of these children. <https://www.csacentre.org.uk/app/uploads/2023/09/Safety-Planning-in-Education.pdf>

2.2 Hackett's Continuum

Refer to Hackett's continuum and consider the nature and level of concern.

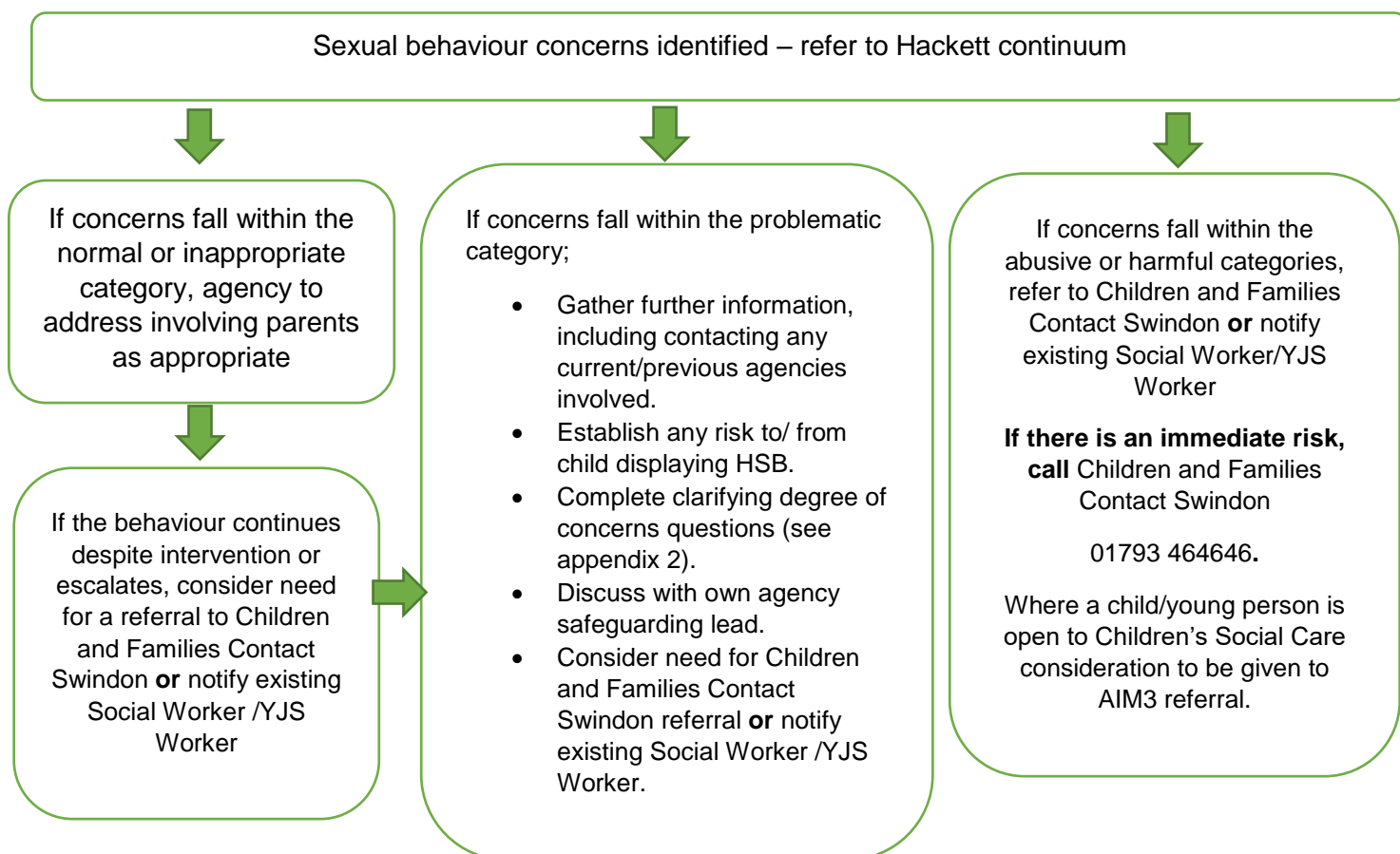
Sexual behaviours range from those that are developmentally expected (see appendix 1 or follow this link <https://learning.nspcc.org.uk/child-health-development/healthy-sexual-development-children-young-people#heading-top>), consensual and exploratory to those that are violent and highly abusive, with many types of behaviours in between. Be as specific as possible when describing the nature of the behaviour under discussion, rather than resorting to overly generalised terms e.g. "sexualised language", "inappropriate touching". The following continuum shows the range and definitions within the umbrella term *harmful sexual behaviour*.



(Simon Hackett, 2010 harmful sexual behaviour framework)

Once the level of concern has been identified, please see below flow chart for appropriate action.

2.3 Process



3. Education

Contextual Safeguarding Network: “Young people report that schools are locations where students can encounter sexual harm. This can involve a range of harmful sexual behaviours (HSB) from name-calling and sexual bullying to sexual assault. Schools are also places that can provide safety to young people and promote positive ideas about gender and relationships.

Research indicates that in order to create safer school environments, schools, multi-agency partnerships and inspectorates need to work together to offer solutions to HSB that move *beyond referrals* to social care of the individuals involved. Instead, professionals need to provide a holistic response to HSB in schools, which crosses both prevention and intervention.

The Contextual Safeguarding team, supported by a Research Advisory Group, have created a range of resources for schools, multi-agency partnerships and inspectorates for tackling harmful sexual behaviour in schools. This page provides all the resources for schools to assess their own response to harmful sexual behaviour. This includes an example completed self-assessment; a range of resources to help schools complete their self-assessment; and finally, an online scorecard where you can enter your scores and print tailored reports.” [Beyond Referrals: Harmful sexual behaviour | Contextual Safeguarding](https://www.csacentre.org.uk/app/uploads/2023/09/Safety-Planning-in-Education.pdf) or the Centre of Expertise on Child Sexual Abuse have a comprehensive support guide <https://www.csacentre.org.uk/app/uploads/2023/09/Safety-Planning-in-Education.pdf>

3.1 Designated and Deputy Safeguarding Leads and Head Teachers

Decisions around your response to HSB should not be the sole responsibility of the school. Consider consultation with Children and Families Contact Swindon to help determine the response required, which will help to ensure this is proportionate. You may be asked to make a Children and Families Contact Swindon referral and/or access an HSB consultation (see flow chart above).

Ensure you have access to adequate information from other professionals to inform decision making and safety planning when you are aware that harmful sexual behaviour has taken place. A risk assessment and safety plan should be in place.

When assessing risk of further harm caused by a child/young person’s sexual behaviour, consider the needs of both the child/young person displaying the behaviour and those experiencing the behaviour, if they are a pupil or staff member at the school. Take account of each parties’ parents’/ carers’ views when safety planning and making related decisions. Refer to the guidance <https://www.csacentre.org.uk/app/uploads/2023/09/Safety-Planning-in-Education.pdf>

Consider the potential for repercussions toward the child/young person displaying the behaviour resulting from others learning of the HSB. Steps to reduce the risk of this could include;

- identify key trusted adult(s) within school the child/young person can talk to – consider potential difficulties if this is the same person for the child/young person displaying the behaviour and the child/young person experiencing the behaviour

- containment of information
 - only key staff in school to be aware on a need to know basis
 - advise all parties involved to only communicate with their trusted adult(s) and professional network where applicable
 - advise all parties not to share information on social media platforms

Where appropriate, consider the impact on the child/young person experiencing the behaviour of being taught in the same lesson as the child/young person displaying the behaviour; move the child/young person displaying the behaviour to an alternative class or provision when any ongoing emotional distress to them/others is considered likely. This may not always be possible in schools that are single form entry or smaller year groups.

Consideration will then need to be made around supervision of the child in the classroom environment, supervision in periods of transition and unstructured times to plan for safety. This should be done in consultation with parents of both the child/young person and the child/young person who has experienced the behaviour and professionals working with the child/young person.

Education is a key protective factor for child/young person who have displayed HSB and it is important that continuity of education provision is promoted, with individualised support as needed. A multi-agency approach is required to ensure risk is managed and support is put in place within school to reduce the likelihood of further concerns and to enable the child/young person to remain in the school in a safe manner.

A managed move or exclusion should only be considered as a last resort. Where there are concerns relating to how a child/young person is being managed in your setting a discussion should be had with the Safeguarding in Education Team and/or an Education Welfare Officer from the Attendance and Inclusion Team to ensure any issues regarding ongoing safety and reintegration can be considered. Close liaison, communication and support for the new school would be needed if a managed move was put in place.

4. Children and Families Contact Swindon (C&FCS)

Identification of Harmful Sexual Behaviour at an early stage is crucial as intervention is effective in preventing further sexual behaviour from occurring and can consequently prevent future criminalisation of young people.

Factors to consider when assessing risk from HSB:

- Likelihood of future contact between the child/young person affected by the behaviour and child/young person displaying the behaviour.
- HSB can occur between siblings and it is crucial to understand the inner conflict parents will be struggling to resolve between needing to support both child/young person displaying the behaviour and the child/young person affected by the behaviour living in the same household.
- If HSB occurred between peers or separated siblings, then consider where contact might occur (do they live in the same neighbourhood? Attend the same schools?) In addition, how this can be made safe (ensuring no contact in break times, separate classes).

- The level of harm posed during the harmful sexual behaviour. The Hackett Continuum should be used to assist in understanding HSB on a spectrum. For a behaviour to be considered “exploratory”, all child/young people involved must be of similar age and intellectual ability, there be no coercion involved, no real or perceived inequality (e.g. by virtue of peer status or authority) and all of the child/young people involved consented.
- HSB rarely occurs in isolation, a wide array of factors impacts on a young person’s likelihood to display further harmful sexual behaviour. Exposure to domestic abuse, social isolation, residing in families, which are highly dysfunctional with parents/carers who do not address their own traumas or support interventions, are amongst a wide array of factors, which increase the likelihood of future harmful sexual behaviours.
- Consider strengths within the family unit. A child/young person within a family whom accepts but do not justify the child/young person’s harmful sexual behaviour, are willing to engage in interventions and adhere to safety planning is more likely to disengage from future harmful sexual behaviours. Similarly, a child/young person affected by the behaviour needs a family/network who believes them and are willing to support them.
- Consideration should be given to contextual safeguarding concerns and extra-familial harm, including considering impact of peer relationships on the child/young person’s harmful sexual behaviour.

4.1 What level of intervention is appropriate?

All concerns that are assessed as above need to be referred to C&FCS, if these are deemed as immediate safety/child protection, then these must be referred in by telephoning C&FCS.

A manager will RAG rate initial contacts to decide what action is needed. Triage discussions with Police/Health colleagues are crucial in determining the appropriate level of intervention within Children and Families Contact Swindon. Where a triage discussion is held, not all of these become a “referral” and as such, crimes/incidents discussed do not necessarily need to be recorded by C&FCS or partner agencies. If a referral progresses from Triage into screening for further consideration, then crimes/incidents should be recorded by police. Storing information must be appropriate and within GDPR guidelines. When an offence has been disclosed or reported, Police are obligated to keep a record of this in line with their policies.

No further action: Unless the sexual behaviour is “normal” using the Hackett Continuum, further action will be required.

There may be circumstances where C&FCS is made aware that a child/young person has made disclosures regarding sexual behaviour; however, the child/young person does not wish to make a police complaint. In these instances, MASH Police will be consulted, record the incident and action in line with police processes.

GREEN: In cases where the child/young person affected by the behaviour and the child/young person displaying the behaviour are unlikely to have future contact, a green contact for the child/young person affected may be appropriate to signpost to available support and to ensure that there is a robust support network of friends, family and professionals in place. Where harmful sexual behaviours identified are seen as “inappropriate” on the Hackett Continuum, or where there are “Normal” behaviours accompanied by the other risk factors above, then a green contact should explore support for the child/young person displaying the behaviours to ensure a robust support plan is in place.

AMBER: Where behaviours on the Hackett Continuum are flagging as Problematic, an Amber contact should be undertaken. If behaviours are Abusive on the Hackett Continuum but there are a number of protective factors identified, the concerns are ambiguous (such as from a 3rd party) or the behaviours do not pose a high imminent risk of harm to themselves or others, then an Amber contact should be considered to explore the information. If at any time during a contact, it becomes clear the child/young person poses a risk of imminent harm to themselves or others, and this risk cannot be managed by the current professional network then discussion with a MASH Assistant Team Manager should be had to consider a strategy discussion.

RED/Strategy discussion: If a child/young person’s harmful sexual behaviour indicates a high risk of harm to others (either within their household or to wider members of the public) or to themselves and there is no clear indication that this risk could be managed by parents/carers, a strategy discussion should be convened. YJS should be invited. These could include “Abusive” behaviours where there are no protective factors or multiple risks present or cases in the “violent” category on the Hackett Continuum.

A HSB strategy discussion should consider all children in the household and any other child/young people who have experienced the behaviour. A decision may be made to take no further action at the time of the strategy discussion to enable time for further information gathering and a more informed decision may be made later.

During an Amber or Red contact, evidence of safety planning is crucial to ensure the likelihood of immediate harm is minimised.

In cases where there are multiple risk factors or complicating factors (such as multiple children involved, different local authorities or a police investigation in process) and threshold has not been met for a strategy discussion, a professionals meeting can be held to facilitate multi-agency working and enable better planning for interventions.

4.2 Children and Families Contact Swindon response to children/young people who experienced sexual abuse

Children/young people who have experienced sexual abuse have suffered harm and may meet threshold for a S47 investigation. It is paramount that children/young people who experience sexual harm are believed and listened too.

When deciding further action in respect of the child/young person who has experienced sexual harm the following should be considered:

- The impact or likely impact of the sexual harm experienced by the child/young person
- The circumstances and context of the sexual harm
- The likelihood of that harm being repeated (for example if the harm was from a school friend in the same class or a household member) and is the child/young person safe now
- When the harm occurred
- How protective the child/young person's support network is
- Views/risk assessments of partner agencies
- The child/young person's wishes
- The child/young person's relevant history (e.g. have family members committed/been suspected of sexual offences?)

Triage discussion should be had with Police Decision Maker as to whether the police should pursue the allegations in the first instance, or whether this should be done jointly with children's social care. It is not reasonable or proportionate for Children's Social Care to be involved with every child/young person who makes an allegation of sexual harm. However, there will be times when a joint investigation is proportionate.

Factors to consider when deciding initial responsibility to investigate:

- Whether the child/young person has expressed a view on whether to pursue a criminal complaint or not
- Even if the child/young person does not wish to pursue police action there may be a role for Children's Social Care to, as the child/young person's view may change after being supported.
- Has the allegation come from the child/young person to a reliable source?
- Are the child/young person's family supportive of police intervention?
- Are there other children/young people at risk?
- Is the young person particularly vulnerable or likely to need additional support in pursuing their allegation?
- How protective the child/young person's support network is.
- Will medicals be needed/are we still within the forensic window

Thought should be given to how a child/young person can be supported and prepared to have these discussions within timescales that meet their needs (although forensic timescales and immediacy of risk do need to be considered). This includes communicating with a child/young person in a way they understand (language/terminology, environment, learning needs) and who they would like to support them.

If more information is needed from the child/young person to establish if significant harm has occurred, it may be appropriate for a joint visit to be completed with police and Children's Social Care under s.17 to gather further information.

As indicated in the section above, if a strategy discussion is indicated both the child/young person who has experienced harmful sexual behaviour and the child/young person who is alleged to have shown harmful sexual behaviour (if known) should be considered in the strategy discussion. When considering threshold for children/young people who have experienced sexual abuse, it is important to consider additional vulnerabilities of the child/young person and the child/young person's history with Police and

Children's Social Care. If a child/young person is particularly vulnerable or there are other complicating factors, a strategy discussion may be appropriate to ensure multi-agency planning.

4.3 Disclosures of non-recent sexual abuse

It is not uncommon for a child/young person who has been affected by HSB to only come forward many years after the offence was committed. It is important that these allegations are taken seriously, the child/young person affected are believed, and supported appropriately.

MASH has a duty to ensure that the child/young person affected, assuming they are still a child, has appropriate support in place as police investigations could have an impact on the emotional/mental health of the child/young person affected and may lead to them re-living their experience.

In initial triage enquiries, it is important to ascertain if the child/young person affected is still in contact with the child/young person displaying the behaviour. If there is no on-going contact, then a green contact should be considered to ensure that the child/young person affected and their family have a robust support network in place and are able to access support.

Triage will also ascertain any other children whom the child/young person displaying the behaviour has contact with and discuss with MASH Police and Health as to when the most appropriate time to intervene will be (if there is a live police investigation, there may be no role for Children's Social Care until it is concluded)

If the child/young person affected is in regular contact with the child/young person displaying the behaviour, then an Amber contact should be considered to ensure their parent/carer is supervising contact. If the child/young person affected lives with the alleged child/young person displaying the behaviour, or the alleged child/young person displaying the behaviour otherwise poses an imminent risk of harm, then a strategy discussion should be convened.

5. Further Action

Single assessment or support assessment – S47

During assessment, consider the child/young person as primarily in need of support and/or safeguarding, with the harmful sexual behaviour as part of the overall picture. Remember that lack of parenting concerns does not negate a need for social care intervention.

Step 1: complete safety planning with the family.

Step 2: discussion with any professionals working with/supporting the child/young person affected and displaying the behaviour. Purpose of this is to share information and coordinate the plan to safeguard all children involved. Once the child/young person has been seen and risks and protective factors have been identified, an HSB consultation should be held. This discussion should consider whether an AIM assessment is appropriate and inform the review.

Step 3: On working Day 5 (Single Assessment/S47) or Day 10 (Support Assessment) review current situation with line manager. Threshold discussion to take place, consideration for strategy discussion. If meets the threshold for a strategy discussion then this should be chaired by the team manager, with YJS worker to be invited. If the outcome of the strategy discussion is a S47 investigation, Team manager should consider joint investigation.

At this stage, rationale as to whether an AIM assessment has been completed or not should be included in the Single/Support Assessment.

Step 4: Complete assessment to include:

- the nature and extent of HSB, where appropriate. Refer to where it features on the Hackett Continuum and specify any age/developmental differences between alleged child/young person displaying the behaviour and child/young person affected, emotional distress caused to the child/young person affected and any coercion or violence used. State the alleged child/young person displaying the behaviour response to the allegations and examine the needs met by the behaviour
- consideration for HSB direct work to be completed as agreed at the HSB consultation
- the context of the abusive behaviours – where, when, how it was discovered and reaction of carers
- the child/young person's learning needs and any neurodevelopmental needs, such as autism spectrum conditions.
- any family or wider social factors that have contributed to the harmful sexual behaviour. What impact does the family history have on the current situation? Consider any previous allegations within the family?
- parent/carers' capacity to adequately supervise the child/young person to prevent further harm
- the impact of the HSB on other family members
- ongoing education and accommodation arrangements in relation to the risk of further harm
- the assessment should consider risk of possible future harm, and review of the initial safety plan
- the assessment should consider extra-familial harm and protective factors
- the assessment should be signed off by a manager

6. Specific (AIM U12 or AIM3) Assessments

Where *abusive* and *violent* sexual behaviour is established to have taken place, an AIM 3 referral should be completed by the allocated social worker. The AIM 3 Panel will review the referral and a decision will be made if the criteria is met for an AIM3 Assessment; if accepted the AIM Assessment will be allocated.

7. Criminal Justice Route

If a child/young person is arrested for a sexual offence and released under investigation and/or given bail conditions, The Youth Justice Service (YJS) may offer voluntary intervention If the child/young person and parent consent.

Police may decide to take no further action. In these circumstances, YYS voluntary support may be offered (as above) and professionals can access HSB consultation if appropriate (see flow chart above). Some sexual offences that have been admitted may be heard at the Out of Court Resolution Panel for consideration of a diversion pathway. The YYS Prevention and Diversion Assessment Tool (PDAT) will be completed prior to the panel, to support discussion and decision making regarding the most appropriate and proportionate outcome.

Serious sexual offences not be suitable for an Out of Court Resolution as defined by the Police Youth Gravity Matrix, and will be charged to Court. If the child/young person pleads not guilty, the case will

progress to trial. If found not guilty support may be offered from professionals on a case-by-case basis if unmet needs remain. If they plead guilty or are found guilty at trial, they will be sentenced to either a Community Order or Custodial Sentence. A YJS case manager will be allocated to complete statutory work, including; assessment, planning and intervention with the child/young person.

If multiple allegations are made against the same child/young person, whether or not further action is taken by the criminal justice system, a referral to Children and Families Contact Swindon should be completed to assess why this is happening.

8. Appendices

Appendix 1 – Stages of healthy sexual behaviour

NSPCC **‘Learning’**

All children go through phases of sexual development. Just like every other part of growing up, some children mature sooner or later than others. For example, some children may have developmental delays whilst others may reach puberty early.

Below are some examples of age appropriate healthy sexual behaviour.

From 0 to 4 years old

At this stage, you might notice natural exploratory behaviour emerging for the first time like:

- enjoying being naked
- kissing and hugging people they know well, for example friends and family members
- touching or rubbing their own private parts as a comforting habit
- showing curiosity about or attempting to touch the private parts of other people
- being curious about the differences between boys and girls
- talking about private body parts and their functions, using words like ‘willy’, ‘bum’, ‘poo’ and ‘wee’
- role playing about different relationships, for example marriage.

5 to 9 year olds

As children get a little older, they become more conscious of sex and their own sexuality. This can be displayed by:

- becoming more aware of the need for privacy
- asking questions about sex and relationships, such as what sex is, where babies come from and same-sex relationships
- kissing, hugging and holding hands with a boyfriend or girlfriend
- using swear words or slang to talk about sex after hearing other people use them.

9 to 13 year olds

During these ages, children begin to get more curious about sex. Examples of healthy sexual behaviour during this stage are:

- having a boyfriend or girlfriend (of the same or different gender)
- using sexual language as swear words or slang
- wanting more privacy
- looking for information about sex online (this might lead to accidentally finding sexual pictures or videos)
- masturbating in private.

13 to 17 year olds

During adolescence, sexual behaviour becomes more private with young people and they begin to explore their sexual identity. They might be:

- forming longer-lasting sexual and non-sexual relationships with peers
- using sexual language and talking about sex with friends
- sharing obscenities and jokes that are within the cultural norm
- experimenting sexually with the same age group
- looking for sexual pictures or videos online.

The [age of consent](#) to engage in sexual activity in the UK is 16 years old. However, the law is there to protect children and young people from abuse or exploitation, rather than to prosecute under 16's who participate in mutually consenting sexual activity.

Schools, colleges and other education settings play an important role in teaching children and young people about healthy relationships.

[> Take a look at our advice on promoting healthy relationships in an age appropriate way](#)

Appendix 2 – Clarifying degree of concern

When considering how concerned to be about children or young people's sexual behaviour use the following questions to clarify your concerns.

More positive responses entail greater concern, since the harm for both the child carrying out the behaviour and any potential victims is likely to be more significant.

If there are immediate / ongoing significant risks for the child experiencing the behaviour, the child displaying the behaviour and / or any other child in the network refer to MASH immediately.

1. Is the behaviour occurring more often than would normally be expected for the developmental stage?
2. Is the behaviour getting in the way of the child's development? In what ways, and to what degree (be specific)?
3. Did or does the child use coercion, intimidation or force in the process of carrying out the sexual behaviour?
4. Were or are any of the children involved emotionally distressed by what has happened?
5. Did or does the behaviour occur between children of divergent ages or developmental abilities?
6. Has the behaviour persisted even after intervention from staff or caregivers?

(Questions adapted from Chaffin et al., 2002)

Appendix 3 – Further information and resources

To explore further, and when advising parents and professionals, the following links can be helpful to use or pass on. Either ctrl + click on the link or enter the title and organisation into a search engine to find the resource and the web address.

Resources to support discussions with children/young people about sex and relationships

- ‘The Mix’ - ‘Essential support for under 25s - to help you take on any challenge you’re facing - from mental health to money, from homelessness to finding a job, from break-ups to drugs. Talk to us via online, social or our free, confidential helpline’. Information on consent, sexting, porn, sexuality. <https://www.themix.org.uk/>
- ‘Bish’ - Information for young people on relationships, sex, sexuality, bodies, porn etc. Including ‘Planet Porn – making it easier to talk about porn’ (payable) <https://www.bishuk.com/>
Links for parents, schools, professionals, young people:
- [Sex and relationships education \(RSE\) with DO... \(dosreforschools.com\)](https://www.dosreforschools.com/)
- [For Parents - Relationships and Sex Education - FPA](#)
- [RSE Hub | Home](#)
- [Parenting advice and family support - Family Lives](#)
- [Parents - amaze / USA](#)
- <https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour/understanding>

Sexual behaviour and development

- [Child’s play? Preventing abuse among children and young people](#) (Stop it Now!)
- [Healthy sexual behaviour](#) (NSPCC)
- [Helping you understand the sexual development of children under the age of 5](#) (Parents Protect)
- [Helping you understand the sexual development of children aged 5-11](#) (Parents Protect)
- [Healthy and unhealthy relationships](#) (Childline)
- [PANTS sexual harm prevention resources](#) for conversations and work with children (NSPCC)

Sexual development of SEND children and young people

- [Healthy bodies guide to puberty and sexual development](#) for parents of CYP with learning disabilities (Vanderbilt)
- [Growing up, sex and relationships – a guide for young disabled people](#) and [a guide to support parents of young disabled people](#) (Contact)
- [‘Healthy relationships, sexuality and disability’ resource guide, including talking tips for parents - https://www.mass.gov/files/documents/2016/07/xs/hrhs-sexuality-and-disability-resource-guide.pdf](#)

Online safety and pornography

For resources, Think U Know is a good starting point and has good introductory videos for parents and young people.

- [What’s the problem? A guide for parents of children and young people who have got in trouble online](#) (Parents Protect)
- [Think U Know – Parents, Children and young people, professionals](#)

- [Keeping children in care safe online](#) (Think U Know)
- [Keeping children safe - Online porn](#) (NSPCC)
- [Keeping children safe - Online safety](#) advice for parents (NSPCC)
- [Your guide to social networks your kids use](#) (NSPCC)
- [‘Bandrunner’ - A game aimed at 8-10-year olds where you are an animated character and have to answer questions about online safety along the way.](#)
https://www.thinkuknow.co.uk/8_10/about/
- [‘Internet Matters’](#) - Step-by-step guides will help you to set up the right controls and privacy settings on the networks, gadgets, apps, and sites they use to give them a safer online experience. Useful resources around teaching internet safety.
<https://www.internetmatters.org/parental-controls/>
- Zipit App - An app developed by Childline that contains loads of gifs and pictures that a young person can send if they are being asked for naked pictures of themselves. It uses funny pictures as a way of young people feeling more comfortable to say ‘no’ if they are being asked for them. Free to download and send. <https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/sexting/zipit-app/>
- Net Aware - Useful website to check the safety of a particular app (developed by 02 and NSPCC)
<https://www.net-aware.org.uk/networks/> Helpline number: [0808 8005002](tel:08088005002)
- Get Safe Online - This website had lots of useful information on a wide range of topics from grooming, parental blocks, radicalisation and generally staying safe online. Tailored information for different age groups. <https://www.getsafeonline.org/smartphones-tablets/mobile-apps/>

Consent

- [Sexual Consent: Do you get it? - Pause, Play, Stop](#) – resource from SARSAS (quiz, the law, facts, resources)
- ‘Tea and Consent’ YouTube video – analogy explaining consent (reminder – be mindful about using this resource with young people who may struggle to understand analogies, this may include young person with Autistic Spectrum Conditions, learning difficulties).

Sexting

- [Sexting in schools and colleges: Responding to incidents and safeguarding young people](#) (UK Council for Child Internet Safety)
- [Keeping children safe - Sexting](#) (NSPCC)
- [Nude selfies – a parents’ guide](#) (Think U Know)

NICE Guidance for professionals

[NICE Guidance on harmful sexual behaviour](#) includes recommendations on:

- [multi-agency approach](#) and [universal services](#)
- [early help assessment](#)
- [risk assessment for children and young people referred to harmful sexual behaviour services](#)
- [engaging with families and carers before an intervention begins](#)
- [developing and managing a care plan for children and young people displaying harmful sexual behaviour](#)
- [developing interventions for children and young people displaying harmful sexual behaviour](#)
- [supporting a return to the community for ‘accommodated’ children and young people](#)

[South West Child Protection Procedures \(SWCPP\)](#) are a joint set of procedures agreed by safeguarding partnerships in the south west. They include information and guidance on all aspects of safeguarding and child protection based on current legislation, national policy and research, including a section on Harmful Sexual Behaviour.

Centre of Expertise on Child Sexual Abuse

[Key-Messages-harmful-sexual-behaviour-ENG_2018.pdf](#) an introduction to harmful sexual behaviour and effective interventions.

[Safety planning in education: A guide for professionals supporting children following incidents of harmful sexual behaviour](#) A comprehensive guide for education to assess risk, plan to reduce harm.

‘PROFESOR’ (Protective + Risk Observations For Eliminating Sexual Offense Recidivism) - A structured checklist to assist professionals to identify and summarise protective and risk factors for adolescents and emerging adults (i.e. aged 12 to 25) who have offended sexually.
https://www.profesor.ca/uploads/8/7/7/6/8776493/the_profesor_november_2017.pdf

Be Safe

Be Safe is a multi-agency partnership service working with children and young people with problematic/harmful sexual behaviour in Bristol (commissioning available for outside Bristol area).

<https://cchp.nhs.uk/cchp/explore-cchp/be-safe>

The Lucy Faithfull Foundation – working to protect children

A service providing risk assessments & intervention, expert training, specialist consultancy and the Stop in Now! Helpline. Their mission is to prevent the sexual abuse of children and young people by working with protective adults, those affected by abuse and those perpetrating it, including young people with harmful sexual behaviour.

<https://www.lucyfaithfull.org.uk/>

Appendix 4 – Example safety plans

This plan is for: _____

Chosen trusted adults that will support and know about this safety plan are:

This is the plan I will follow to keep myself and other safe:

HOME



SCHOOL



ON THE INTERNET



ACTIVITIES IN THE COMMUNITY



PERSONALISED SAFETY PLAN TEMPLATE WITH EXAMPLES

This plan is for: _____

Chosen trusted adults that will support and know about this safety plan are:

This is the plan I will follow to keep myself and other safe

HOME

Don't play upstairs alone with brother/sister.

If the bathroom door is shut, knock on the door. If someone is there, don't go in.



SCHOOL

Respect people's private space when using changing rooms/toilets.

Mobile phone rules must be followed.

Staff supervision



ON THE INTERNET

Don't use the internet without an adult in the room.

Don't try and remove parental controls.

Use age appropriate sites/games.

Social media use



ACTIVITIES IN THE COMMUNITY

Tell an adult where you are.

Follow rules about where I can go.



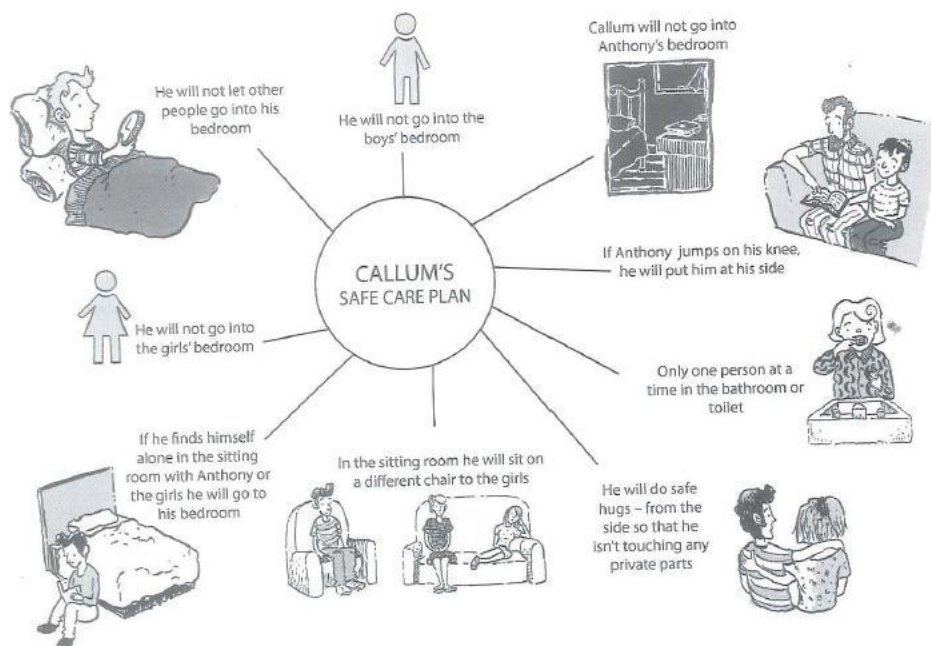


Figure 5.2 Callum's Safe Care Plan

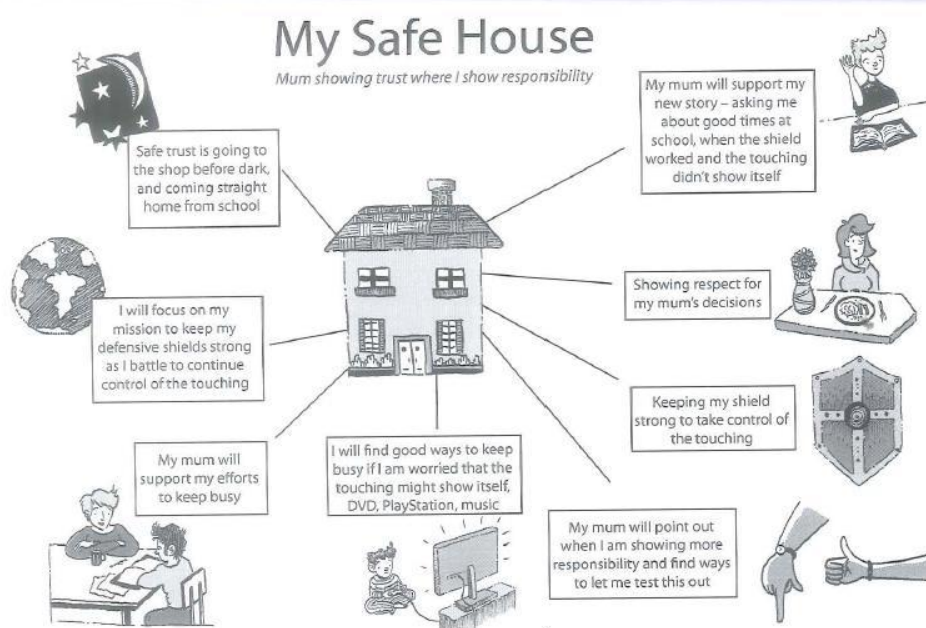


Figure 5.1 Safe Home Plan