



Pan-Lancashire Procedure for Children and Young People Who Display Sexually Harmful Behaviour



Contents

Part 1 – Referral and Assessment Procedures

1. Introduction	Page 3
2. Referral and Initial Assessment	Page 5
3. Strategy Discussion	Page 5
4. Children under 10 years	Page 7
5. S47 and Core Assessment	Page 7
6. Outcome of Assessment – Child victim	Page 8
7. Outcome of Assessment – Child who has displayed Sexually Harmful Behaviour	Page 9

Part 2 – The AIM process

8. The AIM Model	Page 9
9. Criminal Justice Route	Page 11
10. Child Protection/Child in Need Route	Page 13
11. Roles and Tasks	Page 14
12. The Assessment Report	Page 15
13. Management	Page 15
14. Multi-Disciplinary Meetings	Page 16
15. Complaints	Page 17
Appendices	Page 19

1. Introduction

1.1 Three key principles should guide work with children and young people who abuse others:

- The need for a co-ordinated approach
- The needs of children and young people who abuse others should be considered separately from their victims. Agencies should be alert to the fact that children who harm others may pose a risk to children other than a current victim and/or be at risk of significant harm themselves
- An assessment should be carried out in each case, appreciating these children may have considerable unmet developmental needs, as well as specific needs of their victims (Working Together 2010; 11.50)

1.2 In the last twenty years there has been growing awareness and acknowledgement of the incidence of sexually harmful behaviour by children and young people. NSPCC (2011) data suggests that more than 23,000 sexual offences were recorded against children in 2009-10; an increase of 8% on the previous year. Of these nearly a quarter of known suspects were under the age of 18 years. Radford et al (2011; NSPCC – Child Abuse and neglect in the UK today) suggest that 69.5% of contact sexual offences against children are perpetrated by those under 18 years. Furthermore, 83% of such offences go unreported (as compared to 34% for comparable offences by adults)

1.3 These criminal statistics refer only to offenders over the age of criminal responsibility (10 years) and record only reported offences. Since much abuse is unreported or unrecognised such statistics are likely to reveal only a small proportion of actual incidence.

1.4 Evidence suggests that children and young people who display sexually harmful behaviour towards others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subjected to physical or sexual assault, have problems with their educational development and may have committed other offences. Such young people are likely to be children in need and some in addition will be suffering or be at risk of significant harm and may themselves be in need of protection.

Children and young people who display sexually harmful behaviour are often emotionally immature and cannot therefore be treated in the same way as adults. Young people are still developing their sexual feelings and understanding. Early intervention can assist this development and channel it in a positive way.

1.5 It is essential that children and young people who are involved in sexually harmful behaviours are properly and consistently assessed in order to establish the extent, the nature and the antecedents of the behaviour. This assessment process and early intervention will lend itself to prevent the continuation or escalation of harmful behaviour.

1.6 Sexually harmful behaviour by children and young people includes a range of behaviours in a variety of situations and can be defined as -

“ Young people who engage in any form of sexual activity with another individual that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered an exploitation and or a betrayal of trust”. Palmer 1995

1.7 Clearly not all sexual contact between children and young people can be described as sexually harmful and it is natural for children to explore their bodies as part of normal sexual development. However, it is recognised that sexually harmful behaviour when carried out by one child or young person towards another can be equally as traumatic and damaging as adult abuse towards a child.

1.8 In trying to determine whether abuse has taken place several factors need to be considered in relation to:

- Absence of consent, the presence of power imbalance and exploitation which are common in all experiences of abuse
- The nature of the relationship between children/young people (the abuser) having authority over the victim
- Age inappropriate sexual behaviour
- Frequency and period of time the sexual activity has occurred
- The child/young person's perception of the sexual behaviour
- Secrecy

1.9 These factors need to be explored in conjunction with discussing the issues with the worker's immediate line manager/clinical colleague and/or the appropriate designated person responsible for child protection issues.

1.10 At this stage support and reassurance should be offered to the alleged victim(s) however, discussion of the circumstances surrounding the alleged sexually harmful behaviour should be kept to a minimum. The 'traffic light' tool at appendix 1 has been developed by Brook to assist professionals in identifying, assessing and responding to sexual behaviours amongst children.

2. Referral & Initial Assessment

2.1 Anyone who has a concern that a child might have been abused by another child, or an adult has been the victim of sexually harmful behaviour by a child or young person under 18 should refer their concerns to Children's Social Care in accordance with their local Contacts and Referrals Procedure. Any professional who is unsure of the need for such a referral must seek advice from the safeguarding lead within their agency. Allegations of peer abuse will be taken as seriously as allegations of abuse perpetrated by an adult. Children's Social Care will discuss the concerns with the referrer and, based on an Initial Assessment, decide whether it is necessary to hold a Strategy Discussion and pursue a Core Assessment and Section 47 Enquiry.

2.2 Separate enquiries and investigations will be pursued in respect of the victim and the child displaying sexually harmful behaviour. Where the victim is an adult the police will take the lead in any investigation. Where relevant, Initial Assessments will be undertaken in relation to the child displaying sexually harmful behaviour in conjunction with the Youth Offending Service (YOS).

2.3 Consideration should be given to the need for a different social worker to be allocated to the victim and to the child displaying sexually harmful behaviour, even if they live in the same household, to ensure that both are supported through the process of the enquiry and that, in relation to both children, their needs are fully assessed.

2.4 It should be recognised that disclosure of sexually inappropriate behaviour or abusive behaviour by a child can be extremely distressing for parents and carers. The child and their family should always be advised of their right to seek legal advice and be supported through the process.

2.5 The Police will always consult with Children's Social Care regarding cases that come to their notice in order to ensure that there is an assessment of the victim's needs and that in all cases, there is an assessment of the needs of a child displaying sexually harmful behaviour.

2.6 Children who are returning to the community following a custodial sentence or time in secure accommodation following concerns re sexually harmful behaviour also require consideration through this procedure.

3. Strategy Discussion

3.1 Children's Social Care and the Police will convene a Strategy Discussion/Meeting (usually a meeting) within 24 hours of disclosure in relation to the alleged abusing child and the child victim where there is reasonable cause to suspect that the child concerned has experienced or is at risk of Significant Harm.

3.2 Where Strategy Discussions/Meetings are required for both the child who has displayed sexually harmful behaviour and the child(ren) who is the victim, consideration should be given to the need to hold separate Strategy Discussions/Meetings.

3.3 Where separate Strategy Discussions/Meetings are held, care must be taken to ensure that the appropriate professionals attend the right meeting in order to provide confidentiality for the children involved. For example, school representatives should only attend the meeting involving the pupil at their school. The police officer and social workers who are conducting the enquiries should participate in both sets of Strategy Discussions.

3.4 Where a Strategy Discussion relates to an alleged abusing child who is over the age of 10, a representative from the Youth Offending Service must be invited to attend.

3.5 The Strategy Discussion/Meeting must plan in detail the respective roles of those involved in the enquiries and ensure that the following objectives are met:

- Information relevant to the protection and needs of the alleged victim is gathered
- Any criminal aspects of the alleged abuse are investigated
- Any information relevant to any abusive experiences and protection needs of the child who has displayed sexually harmful behaviour, is gathered
- Any information about the risks to self and others, including other children in the household, extended family, school, peer group or wider social network, is gathered
- Specific consideration is given to the need for an AIM assessment to be undertaken by YOT/Children's Social Care (see section 8)

3.6 Where there is suspicion that the child who has displayed sexually harmful behaviour is also a victim of abuse, the Strategy Discussion/Meeting must decide the order in which interviews with the child will take place.

3.7 When a child is aged 10 or over and is alleged to have committed an offence, the first interview must be undertaken by the Police under the provisions of the Police and Criminal Evidence Act 1984.

3.8 If a child is to be interviewed as a victim of or witness to alleged abuse under the provisions of the Achieving Best Evidence Guidance and the child admits offences, these incidents should normally be the subject of a separate interview.

3.9 In complex situations where there are a number of victims and possible perpetrators, see the Complex (Organised or Multiple) Abuse Procedure.

4. Children Under 10 years old

4.1 It cannot be automatically assumed that any sexual behaviour between children under 10 is part of normal age appropriate sexual exploration, and therefore is not harmful or abusive. Whilst a child under 10 cannot be investigated by the police for any offences specific consideration should be given to the needs of such children and how these can be assessed and met by Children's Social Care, and/or other agencies.

4.2 Factors to be included in the Core Assessments of both children must include a thorough understanding of all the factors outlined in paragraph 1.8 including the age and level of understanding of both children, their relationship, whether any force, threat or intimidation was used, and the nature, extent and context of the sexually harmful behaviour.

4.3 The Core Assessment on both children must reflect their respective developmental level and the evidence for this.

5. Section 47 Enquiries and Core Assessment

5.1 If it appears that either the child who has displayed sexually harmful behaviour or the victim has suffered, or is at risk of suffering Significant Harm, the Section 47 Enquiry and Core Assessment process will be followed. Otherwise, consideration will be given to an assessment under Section 17 of the Children Act 1989.

5.2 For Section 47 Enquiries and Core Assessments, relevant considerations include:

- The nature and extent of the abusive behaviours and the impact on the victim
- The context of the abusive behaviours
- The age of the children involved
- The child's development, and family and social circumstances
- Whether the child acknowledges the alleged behaviour
- Whether there are grounds to suspect that either/any child has been abused or that adults have been involved in the development of the sexually harmful behaviour
- Both children's needs for services; and

- The risks the child who has displayed sexually harmful behaviour poses to him/herself and others, including other children in the household, extended family, school, peer group or wider social network.

5.3 The risk of further harm by the child who has displayed sexually harmful behaviour is likely to be present unless: the opportunity to further abuse is ended, the child has acknowledged the abusive behaviour and accepted responsibility and there is agreement by the child and his/her family to work with relevant agencies to address the problem.

5.4 If during the course of the assessment there are concerns about any risks to other children posed by the perpetrator child, a multi-agency meeting should be convened straight away in order to develop:

- A written risk management plan in relation to any child identified as at potential risk; including educational and accommodation arrangements both for the perpetrator child and the potential victim/s
- Appropriate arrangement for the continuation of the assessment and the need for any specialist assessment; and
- How the services to be provided will be coordinated

5.5 The meeting should identify the **Lead Professional** and review process with clear timescales.

6. Outcomes of Assessment/ Section 47 enquiries – The Victim Child

6.1 Where a Section 47 Enquiry in relation to a child victim concludes that the child may still be at risk of Significant Harm, an Initial Child Protection Conference must be convened within 15 working days of the initial or most recent Strategy Discussion to assess the risks and consider the need to safeguard the child through a Child Protection Plan.

6.2 In all cases, the child/ren may require services to support them through interviews in line with Achieving Best Evidence Guidance and through any court actions that may follow. The assessments undertaken may determine that there is a need for support services, such as counselling services whether the child is in need of safeguarding or a child in need. The child's social worker should keep up to date with developments by communicating with the social worker for the child who has displayed sexually harmful behaviour to ensure that the child victim remains safeguarded.

7. Outcomes of Section 47 Enquiries – The Child who has displayed Sexually Harmful Behaviour

7.1 If the information gathered in the course of the Section 47 Enquiry suggests that the child who is suspected or alleged to have sexually abused another child is also a victim, or potential victim, of abuse including neglect, a **Child Protection Conference** must be convened. A representative from the YOS team should be invited to the Initial Child Protection Conference.

7.2 If the child becomes the subject of a Child Protection Plan, the coordination of services will continue through the **Core Group**, which should address the child's inappropriate behaviour, the potential risks the child poses to others as well as the concerns which resulted in the need for a Child Protection Plan.

7.3 Where the section 47 investigation or Child Protection Conference concludes that the child who is suspected or alleged to have sexually abused does not require a Child Protection Plan, consideration should be given to the need for services to address any sexually abusive behaviour and the inter-agency responsibility to manage any risks - see Section 8 - AIM assessment

7.4 Where there are no grounds for a Child Protection Conference, but concerns remain regarding the child's sexually problematic behaviour, s/he will be considered as a Child in Need, and consideration given to an AIM assessment (section 8).

8. Coordinated work with Children and Young People who Display Sexually Harmful Behaviour – the AIM model.

8.1 Blackburn, Blackpool and Lancashire LSCB's endorse the AIM (Assessment, Intervention and Moving On) model for joint work with children and young people who display sexually harmful behaviour based on the principles of protecting victims and preventing harm to children.

8.2 The AIM (Assessment, Intervention and Moving On) initial assessment model for children under 10 years is in line with the 'Framework for the Assessment of Children in Need'.

8.3 The AIM initial assessment for young people 10 – 18 years incorporates the concepts of the Department of Health 'Framework for the Assessment of Children in Need and their Families' as employed by Children's Health and Social Care and the 'Asset' framework as employed by the Youth Offending Service. It is intended to be useable within the timescales agreed by the criminal justice, child protection systems and Public Law Children Act cases.

8.4 The AIM initial assessment provides a model to assist all professionals within Children's Health and Social Care, Education, Youth Offending Service, Voluntary Agencies, Clinical Psychology services and Child and Adolescent Mental Health Teams to conduct an initial assessment of sexually harmful behaviour in order to:

- Identify level of supervision required to prevent repeat harmful behaviour
- In child protection terms identify risk to either the child/young person or their actual /potential victim(s)
- Identify the child/young person's needs
- To assess the child/young person's motivation and capacity to engage in services and plans
- Identify the capacity of the parents /carers or significant others to manage and support the child/young person
- Suggest priorities for initial response

8.5 Information gathered throughout the assessment process would ultimately be written in report format. This information will be used by those agencies involved with the child or young person to make decisions and plans for management of the case. The sharing of information compiled in the assessment report is covered by existing protocols agreed by Safeguarding Boards. Where the police are involved it will assist the Crown Prosecution Service (CPS) in their decision making regarding appropriate disposal for the young person.

8.6 These procedures consider two specific groups:

- Children under 10 years
- Young people 10 – 18 years

8.7 The AIM model can be applied with Children and young people under the age of 18 years, who have displayed sexually harmful behaviour, against children, adolescents and / or adults, within the family, outside the family and stranger abuse. Where concerns exist in relation to a child with a disability specific consideration should be given to their additional needs and the applicability of the AIM model.

In Blackburn with Darwen Children's Social Care, there is a specific point of contact located in the Youth Justice Service responsible for consultation and allocation of requests for AIM assessments.

8.8 For those young people entering the criminal justice system where the young person admits an offence the assessment can apply to:

- Young people whose behaviour is deemed so serious at the outset that the police in consultation with the CPS make an immediate decision to charge.
- Young people who have previous offences and are therefore not eligible for the final warning and reprimand scheme and are immediately charged.
- Young people who are likely to receive a reprimand or a final warning

8.9 Young people who deny an alleged offence will not go through the initial AIM assessment process at this stage. However those young people who deny the offence but are later found guilty will be subsequently assessed and the model can be an appropriate framework to inform a pre-sentence report.

9. Criminal Justice Route

9.1 If the AIM process is applicable, the Police will contact the relevant Youth Offending Service within one working day with the young person's details; this will trigger the AIM process and initial assessment. The Youth Offending Service will then contact Children's Social Care within 24 hours to identify a co-worker for the AIM assessment.

9.2 In cases where the child/young person admits the offence the Youth Offending Team will have lead responsibility for completing the Aim Initial Assessment, in

conjunction with a co-worker from Children's Social Care. The YOT will convene a multi-disciplinary meeting on completion of the AIM Initial Assessment Report.

9.3 The report will make a recommendation to the Police / CPS regarding disposal for the young person. Having fully considered the assessment team's recommendation and any other relevant information which has been collated regarding mitigating and aggravating factors, the Police / CPS maintains the right to make a final decision.

9.4 For those young people entering the criminal justice system where the young person admits an offence the assessment can apply to:

- Young people whose behaviour is deemed so serious at the outset that the police in consultation with the CPS make an immediate decision to charge.
- Young people who have previous offences and are therefore not eligible for the final warning and reprimand scheme and are immediately charged.
- Young people who are likely to receive a reprimand or a final warning
 - Where there is some doubt as to whether to offer a Final Warning or proceed via court intervention

9.5 Young people who deny an alleged offence will not go through the initial AIM assessment process at this stage. However those young people who deny the offence but are later found guilty will be subsequently assessed and the model can be an appropriate framework to inform a pre-sentence report.

9.6 In all such cases it is important that an AIM initial assessment is carried out. The young person and their parent / carers will be asked by the assessors to participate in this process. If consent is not given, but concern remains, an assessment can still be undertaken drawing on existing information.

9.7 For those young people who are immediately charged, the assessment will be triggered by their admission of guilt in court or by them having been found guilty in court. At this point a request for an adjournment should be made in order to carry out the initial assessment, which will inform the pre-sentence report.

9.8 In those cases where a young person commits a further offence whilst on bail, their bail status will be reviewed.

9.9 Where it is concluded there is insufficient evidence to charge consideration should be given to a referral to Children's Social Care for an assessment of need and an AIM assessment via the child protection/child in need route.

9.10 For young people subject to either a court ordered secure remand or remand to custody consideration will be given to the completion of an AIM assessment if they have either been found guilty or pleaded guilty. Ideally this could be completed before sentence however the location of the secure establishment could make this problematic i.e. if it is too far away to complete the necessary visits to complete the assessment etc.

9.11 It is acknowledged that an AIM assessment/intervention may not always be able to be completed during the custodial element of a sentence depending on the type and location of the secure establishment the young person is placed in.

If an AIM assessment/intervention work has been started in custody this should be continued on release and highlighted as an area of intervention at the pre-release meeting. Any future intervention work should be outlined as a condition of the young person's licence/notice of supervision. If the child/young person is looked after, this work should also be reflected in their care plan. If no AIM assessment/intervention has been completed during the custodial element of the order then this should be included in the pre-release plans and incorporated, where appropriate, into the young person's notice of supervision/licence conditions. Again this work should be incorporated into any care planning documentation.

10. Child Protection/Children In Need Route

10.1 A strategy meeting must take place prior to an achieving the Best Evidence interview and / or PACE (Police and Criminal Evidence Act) interview. This meeting is seen as crucial to the entire process. Consultation with the relevant Children's Social Care Team Manager, Social Worker and Youth Offending Service Manager and Worker should take place at appropriate stages throughout the investigation. If

the initial investigation suggests that an incident of sexually harmful behaviour has occurred liaison between Children's Social Care, the Police and other agencies as appropriate will be required. Where identified these agencies should be invited to further meetings. A representative from school, who is independent from the investigation, should be kept informed so that decisions can be made with regards to the future educational needs of the child who has displayed sexually harmful behaviour.

10.2 If no Best Evidence and/or PACE interviews are conducted the reason(s) must be clearly recorded within the strategy meeting/discussion minutes.

10.3 In all cases where it is confirmed that an incident of sexually harmful behaviour has taken place the AIM initial assessment should proceed and Children's Social Care will identify a co-worker (under 10's) or contact the Youth Offending Team (10 – 18 years) to identify a co-worker with whom to undertake the initial AIM assessment. Where there have been previous Children's Social Care, Voluntary Sector or CAMHS involvement with the child or young person, the worker from the appropriate service will be invited to co-work the assessment. This is in line with best practice and will ensure that both the criminal justice and child protection areas have been adequately addressed.

In Blackburn with Darwen, the CSC single point of contact re AIM will allocate the assessors.

10.4 The child or young person and their parents / carers will be asked by the assessors to participate in this process and sign consent form agreeing to participate in the assessment process. If consent is not given but concerns remain, an assessment can still be undertaken drawing on existing concerns and information available.

10.5 Children's Social Care will convene and chair an AIM multi-disciplinary meeting which will be held on completion of the assessment report – see section 14.5

10.6 AIM meetings should, where appropriate, co-ordinate with other meetings that the family are attending, such as Looked After Children Reviews, Child Protection Conferences, Child Protection Review Conferences, Core Groups and Strategy

Meetings. Where a child who is subject of an AIM assessment is subject to a Child Protection Plan the Child Protection Conference and Core Group process should take precedence as the primary planning and review process.

11. Roles and Tasks

11.1 In those situations where there is an immediate decision to charge the young person, the Youth Offending Team worker who undertakes the AIM initial assessment will if appropriate, complete any subsequent report(s).

11.2 If there is an identified social worker for the victim they should not be directly involved in the assessment of the child or young person who has been sexually harmful.

11.3 In those cases where the child / young person and / or their families may have a different first language from the assessors, where there are mental health issues, learning disabilities or physical health issues appropriate arrangements must be made to ensure equality of access to service provision. All AIM assessments should fully reflect the diversity needs of the child(ren).

11.4 The assessors are required to contact the relevant person in the school which the child / young person attends and inform them of the situation as well as including any information / opinions the school may hold in respect of the child / young person / family within the body of the assessment report.

12. The Assessment Report

12.1 The assessors should draw conclusions from the AIM initial assessment framework and identify the initial level(s) of intervention indicated as necessary.

12.2 The assessors will read through the report with the young person and their parents / carers in a supportive setting and any areas of disagreement will be noted and attached to the report. The family are entitled to retain a copy of the report.

12.3 Where the assessment has been initiated through the criminal justice route the report will be forwarded to the investigating Police officer / Custody Officer and will make a recommendation to Police/CPS regarding disposal for the young person. However, having fully considered the assessment team's recommendation and any other relevant information which has been collated regarding mitigating and aggravating factors, the police / CPS maintain the right to make a final decision.

12.4 The completed assessment report will then be shared at a multi-disciplinary meeting.

12.5 Copies of the assessment report will remain on the files of the assessor's agencies. Copies will be retained in line with individual agencies file destruction policies

13. Management

13.1 The assessment process will be supervised and supported by the lead agency manager/supervisor and the agency Quality Assurance procedures should be followed before signing off the report.

13.2 In the event of disagreement about the recommendation, a discussion with the assessors' line managers, and if necessary LSCB Conflict Resolution procedures should be invoked.

14. Multi-Disciplinary Meetings

14.1 Following the assessment, an AIM multi-disciplinary meeting will be convened and chaired by the lead agency. Where the child or young person is looked after the

Independent Reviewing Officer should attend this meeting, and may chair it by negotiation in individual cases.

14.2 Parents / carers and the child or young person will be invited to attend the meeting and will only be excluded in exceptional circumstances. Reasons for any exclusion should be clearly discussed with all attendees to the meetings and minuted for case notes.

14.3 The meeting should be attended by the assessors and any other relevant professionals involved with the child / young person and their family.

14.4 Any additional written reports by relevant professionals should be submitted before the meeting to the reviewing officer/chair. If an identified agency is unable to attend they should update the chair prior to the meeting on their work with the child and/or family and receive minutes of the meeting.

14.5 The meeting should produce a shared multi-disciplinary plan, which addresses:

- Child protection concerns for the young person
- The safety of potential victims
- Risk management at home, in school and in the wider community
- Immediate living arrangements for the young person
- School attendance and related education issues
- Individual health needs, including emotional health needs
- Support for the child/young person and their family to promote their social, emotional and behavioural development
- The needs of the child/young person
- Relevant victim issues
- Intervention / treatment issues /identification
- Outlining roles, tasks and expectations for different professionals/agencies
- Any need for further assessment
- Inclusion of the child/young person's name on the 'People Who Pose a Risk' list and the level of risk to be recorded
- The timing and frequency of meetings to review the plan

15. Complaints Procedure

15.1 If a complaint is lodged against a specific worker / assessor their agency complaints procedures should be followed.

15.2 If a complaint is lodged regarding the assessment process, the LSCB complaints procedures should be applied.

Appendix 1 – Book Traffic Light

A guide to assessing sexual behaviours

This 'Traffic Light Tool' forms part of a resource designed to help professionals who work with children and young people to identify, assess and respond appropriately to sexual behaviours.

By identifying sexual behaviours as **GREEN**, **AMBER** or **RED**, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach. The normative list aims to increase understanding of healthy sexual development and distinguish it from harmful behaviour.

This tool must be used within the context of the guidance provided at www.brook.org.uk/traffic-lights and should not be used in isolation.

SEXUAL BEHAVIOURS TRAFFIC LIGHT TOOL



What is a Green behaviour?

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

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

Expressing sexuality through sexual behaviour is natural, healthy and a part of growing up.

Green behaviours provide an opportunity to positively reinforce appropriate behaviour, and to provide further information and support.

Green behaviours

Age 0 – 5

- 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

Age 5 – 9

- solitary masturbation
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Age 9 – 13

- solitary masturbation
- use of sexual language including swear and slang words
- having girl/boyfriends who are of the same or opposite gender
- interest in popular culture, e.g. fashion, music, media, online games, chatting online
- need for privacy
- consensual kissing, hugging, holding hands with peers

Age 13 – 17

- solitary masturbation
- sexually explicit conversations with peers
- obscenities and jokes within the current cultural norm
- interest in pornography
- use of internet/e-media to chat online
- 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

What is an Amber behaviour?

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

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

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

Please refer to internal guidance or safeguarding frameworks to decide on the next steps to take or talk to a designated safeguarding lead.

Amber behaviours

- 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

- 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

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- fear of pregnancy/STIs

- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying
- exhibitionism, e.g. flashing or mooning
- giving out contact details online
- viewing pornographic material
- fear of pregnancy/STIs

What is a Red behaviour?

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

- excessive, secretive, compulsive, coercive, degrading, or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration, or the context in which they occur

Red behaviours indicate a need for immediate intervention and action, though it is important to consider actions carefully.

Please refer to internal guidance or safeguarding frameworks to decide on the next steps to take or talk to a designated safeguarding lead.

Red behaviours

- 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

- 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

- exposing genitals or masturbating in public
- distributing naked or sexually provocative images of self or others
- sexually explicit talk with younger children
- sexual harassment
- arranging to meet with an online acquaintance in secret
- genital injury to self or others
- forcing other children of same age, younger or less
- able to take part in sexual activities
- sexual activity e.g. oral sex or intercourse
- presence of sexually transmitted infection (STI)
- evidence of pregnancy

- 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

20/03/12 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. This poster forms part of a pilot and as information and knowledge is constantly changing, users are strongly advised to check for updates at www.brook.org.uk/traffic-lights on a regular basis. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains. Registered Charity Number in England and Wales 1140431. Registered Charity Number in Scotland SC042132. Limited Company Registered in England and Wales Number 7458731.

Appendix 2 – Police Custody Flowchart Assessment is relevant when:

When a young person admits or partially admits their involvement in an offence of sexual nature

Consent must be gained from the young person and their parents & carers agreeing that they will engage in the AIM 2 assessment process

PART IV bail for a period of 28 days to allow the assessment to take place

OIC or PPU to contact YOT within one working day with young person's details & signed consent form.

YOT to contact locality group manager at children social care

- request a jointly allocated social worker for AIM2
- request an initial assessment (section 47) be undertaken

YOT to lead on the assessment process by

- Collating information for all other agencies / note gaps in information
- Undertake interview with young person and their family
- Draw together assessment findings and produce a report

YOT & social care to convene a multi agency meeting within one day of the referral and at the end of 28 day bail period to consider the outcome of the report

Report is presented to the Police / Crown Prosecution service with a clear recommendation regarding the appropriate disposal for the young person

*The Police / CPS retain the right to make the final decision

Pre Charge Assessment Process is not relevant:

For cases where the sexual offence is deemed very serious do not refer for an AIM2 assessment, contact CPS for pre charge advice.

- the gravity weighting is 3 / 4 or
- likelihood of committal to Crown court

For young people who deny the offence

Where there is insufficient evidence to charge or a decision is made not to charge

** These cases must be referred to children social care to assess if there are any child protection issues.

Appendix 3 – Blackpool Gravity Weighting Index

OFFENCE	GRAVITY SCORE	AGGRAVATING/MITIGATING FACTORS	
		+	-
Rape	4	Defer decision to CPS	
Assault by penetration	4	Defer decision to CPS	
Sexual Assault	3	Force used Elderly/younger victim * Group action	
Causing person to engage in sexual activity without consent * with penetration * without penetration	4	Defer decision to CPS	
	3	Force used Elderly/younger victim * Group action	
Rape of child under 13	4	Defer decision to CPS	
Assault of child under 13 by penetration	4	Defer decision to CPS	
Sexual assault of child under 13	3	Facilitated drugs/alcohol Force used * Group action	by *Offender and victim of similar age and no element of coercion or corruption present
Causing/inciting child under 13 to engage in sexual activity without consent * with penetration * without penetration	4	Defer decision to CPS	
	3	Facilitated drugs/alcohol Force used * Group action	by
Sexual activity with child Victim under 13 * Victim under 16	3 2	Facilitated drugs/alcohol Force used * Group action	by *Offender and victim of similar age and no element of coercion or corruption present
Causing/inciting child to engage in sexual activity Victim under 13 * Victim under 16	3 2	Facilitated drugs/alcohol Force used * Group action	by
Engaging in sexual activity in presence of child Victim under 13 * Victim under 16	3 2	Facilitated drugs/alcohol Force used * Group action	by *Offender and victim of similar age and no element of coercion or corruption present
Causing child to watch sexual act Victim under 13 * Victim under 16	3 2	Facilitated drugs/alcohol Force used * Group action	by *Offender and victim of similar age and no element of coercion or corruption present
Sexual activity with child family member	3	*Victim did not wholly consent Element of coercion * Victim Under 13	*Offender and victim are similar in age *Both parties over

PROTECT-HONOURS

			age of consent and no element of coercion/seduction
Inciting child family member to engage in sexual activity	3	*Victim did not wholly consent Element of coercion * Victim Under 13	*Offender and victim are similar in age *Both parties over age of consent and no element of coercion/seduction
Sex with adult relative with penetration and with or without consent	2	Facilitated drugs/alcohol Force used Element of coercion * Group action	by
Sexual activity with person with mental disorder * with penetration * without penetration	4	Defer decision to CPS	
	3	Facilitated drugs/alcohol Force used * Group action	*Offender and victim are similar in age *Both parties over age of consent and no element of coercion/seduction *Offender has mental disorder
Causing/inciting person with mental disorder to engage in sexual activity without consent * with penetration * without penetration	4	Defer decision to CPS	
	3	Facilitated drugs/alcohol Force used * Group action	*Offender and victim are similar in age *Both parties over age of consent and no element of coercion/seduction *Offender has mental disorder
Engaging in sexual activity in presence of person with mental disorder	3	Facilitated drugs/alcohol Force used * Group action	by *Offender and victim are similar in age *Both parties over age of consent and no element of coercion/seduction *Offender has mental disorder
Causing person with mental disorder to watch sexual act	3	Facilitated drugs/alcohol Force used * Group action	by *Offender and victim of similar age and no element of coercion or corruption present *Offender has Mental Disorder

PROTECT-HONOURS

Paying for sexual services of child with penetration Victim under 13 Victim under 16 * Victim under 18	4 3 2		
Causing/inciting child prostitution/pornography	3	* Victim under 13	
Controlling child involved in prostitution/pornography	3	* Victim under 13	
Arranging/facilitation child prostitution/pornography	3	* Victim under 13	
Administering substance with intent to commit sexual offence	3		
Commit offence with intent to commit sexual offence	Refer to offence committed and see general factors for all offences		
For kidnapping/false imprisonment offences only	4		
Trespass with intent to commit sexual offence	4		
Exposure	2	Victim put in fear * Repeat performances	
Voyeurism	2	Victim distressed Victim observed in person * Repeat performances	
Sexual activity in public lavatory	2	Genuine chance of public witnessing the offence * Young victim	* Consenting victim but age of legal consent
Common prostitute loitering for prostitution	2	Before any formal action is considered, the assumption that a child prostitute is a victim must first be acted on by a referral to the multi-agency group. Only when advised by them can formal action be considered.	
'Kerb crawling'	2	* Affects residential areas	

Appendix 4 - Pre-charge Process Diagram

Flow Chart: Pathways to an AIM Assessment

