



MULTI AGENCY PROTOCOL

RISK MANAGEMENT FOR CHILDREN / YOUNG PEOPLE AND YOUNG PEOPLE WITH PROBLEMATIC SEXUAL BEHAVIOURS

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1. INTRODUCTION

1.1 Glasgow Context

Glasgow city is in the unique position of having specific services for children / young people with problematic sexual behaviour

- Halt Project (Social Work Services)
- FCAMHS (GG&C HB)
- Sexual abuse services (Drumchapel & Easterhouse, Social Work Services)

Halt and FCHAMS have gained considerable experience in working with children / young people with problematic sexual behaviour and have developed a range of therapeutic interventions.

Drumchapel and Easterhouse provide therapeutic services for victims of sexual abuse, however, undertake work with children / young people 12 yrs and under with problematic sexual behaviour.

Work has been ongoing in Glasgow to develop a range of interventions to meet the varied needs of this group of children / young people. This Protocol will assist in the early identification and assessment of children / young people who require intervention to address their problematic sexual behaviour, assisting professionals in identifying what children / young people may require specialist intervention.

Sexually problematic behaviour requires to be considered on a continuum of behaviours ranging from normal, through problematic and in a small number of cases abusive. Professionals require to understand this continuum of behaviours to ensure appropriate intervention.

This protocol requires to be read and implemented in conjunction with existing Child Protection and Vulnerable Young Persons Procedures.

1.2 The Protocol

This protocol aims to set out a multi agency risk management framework to manage risk more effectively within the context of Child Protection & Glasgow's Vulnerable Young Persons Procedures. It requires key agencies involved to meet regularly on a case by case basis to manage, evaluate and monitor risk assessments and long term interventions.

This protocol has been developed to complement existing procedures and support assessment and risk management processes when working with this group of children / young people.

In most instances the Vulnerable Young Person's procedures should be used to manage this process, however, for children below the age of 10 years, Child Protection Procedures should be initiated.

This protocol sits alongside the assessment and risk management strategies developed by Halt and FCHAMS.

2. BACKGROUND

2.1 Childhood & Adolescent Development

Sexual exploration and experimentation are normal parts of child / adolescent development. Developmental sexual activity are behaviours that are to be expected from children / young people as they move from infancy through to an adult understanding of their own physical, emotional and behavioural states and their relationships with others. This sexual activity is essentially information gathering to process and integrate into healthy sexual development. It is characterised by mutuality and consent. There are however circumstances in which children / young people are harmed by other children's sexual behaviours. The consequences for victims can be just as serious as when the abuser is an adult.

Adolescents make up a significant proportion of those convicted for sexual offending. England and Wales 1/4 (Kelly et al 1991), Northern Ireland 1/3 (Northern Ireland research team 1991), 50% of adult sex offenders disclosing behaviours starting in adolescence (Abel, 1984).

Working Together (DoH, 1991) recommends that where abuse of a children / young people is alleged to have been carried out by another child / young person such behaviours should always be treated seriously and should be subject of a referral to social work services both in respect of the victim and the perpetrator.

Working Together to Safeguard Children & Young People (DoH, 1999) recommends a co-ordinated approach on the part of youth justice, child welfare, education and health. It also recommends that the needs of children / young people with problem sexual behaviours should be considered separately from the needs of the victim.

Approaching problem sexual behaviours and their inherent risks can invoke a real anxiety in professionals involved in children / young people protection. This can result in a lack of clarity about roles and can leave workers feeling powerless to respond to their responsibilities

in the management of risk. This protocol assists workers in identifying, assessing and managing risk.

2.2 Messages from Research

Children and young people with problem sexual behaviours are not a homogenous group. There are distinct sub groups each with their own treatment needs (Worling, 2001; Johnson, 2004). The diversity should be seen as a key organising theme that can help support effective approaches to all children and young people who present with problem or abusing sexual behaviours. (Hackett, 2005)

This diversity applies to

- The wide range of sexual behaviours that children and young people can display, such as the nature of behaviours, degree of force, motivation, level of intent, level of sexual arousal, age and gender of victims, but also to broader developmental issues relating to the age of the young person, their family and background experiences, their intellectual capacities and their stage of development.

Young people with learning difficulties are a particularly vulnerable and often neglected group who may need specific types of interventions.

Many of these children / young people who present with problem sexual behaviours have histories characterised by multiple abuse and disadvantage. (Hudson & Marshall, 1995; Friedrich, 1995; Ryan, 1999)

Interventions with this group of children / young people need to be holistic, systematic and goal specific (Hackett, 2004) and if focused appropriately, are likely to succeed in preventing further abuse. More recent studies show recidivism rates at between 3 – 14%. (Prentky, 2000) Another study showed a 5% recidivism following treatment within a six year follow up period. (Worling and Curven, 2002). These figures are low and important to consider as there can be a tendency for professionals to over emphasise risk of recidivism concerning children / young people with problem sexual behaviours.

2.3 Planning Interventions

Special Considerations

Over the past twenty years the assessment and treatment of young people with problematic or abusive sexual 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 / young people. It has also contributed to a tendency to define all sexual behaviours that are considered out with the norm as being abusive.

When planning services to children / young people there are a number of factors to consider -

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 young person to hurt others. Many children / young people do not coerce others into sexual behaviours but act out their confusion on them. These children / young people may have no insight into their own and others rights to privacy. Consideration of these issues in relation to intent assists in the process of categorising behaviours.

Understanding Behaviour and the Children / young people's Inner World

Most children / young people with problematic sexual behaviours have lived in confusing and hostile environments since birth. Their inner world has been corrupted in terms of how they view relationships and sex. While sex offenders work challenges cognitive distortions, it will be internal working models that will inform problematic beliefs and resultant difficulties in cognitions those children / young people may have developed. Each children / young people's internal working model will incorporate a sense of values and beliefs about themselves and others that informs their behaviours. It is therefore essential to explore and work on the children / young people's internal working model to be effective in the longer term on risk reduction.

Victim or Perpetrator

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

- Family adversity
- Modelling of coercion
- Modelling of sexuality

- Vulnerable/predisposed children / young people trait

Trauma

The relationship that can exist between the young person's trauma experiences and their behaviours can be very complex and both may share a variety of similar trauma/anxiety cues.

Motivation and Meaning

Young people may display a range of behaviours to meet a variety of needs. To be effective we have to intervene on the underlying needs being met by each behaviour. 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 young person at any given time. It is therefore essential that assessment and treatment programmes reflect both the diversities of young people and their behaviour.

Sexual Deviance

Some children / young people with problem sexual behaviours will have distorted views about children / young people and sexuality and others will not. Sexual behaviours may change as the young person develops into adolescence, 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.

3 DEFINITIONS

- 3.1 The boundaries between what is abusive, what is inappropriate, and what is part of normal child or adolescent experimentation can often feel blurred. Professionals' ability to determine if a children / young people's sexual behaviours are developmentally normal, inappropriate or abusive will be based on issues around knowledge about healthy and problematic behaviours and about issues in relation to informed consent, power imbalance and exploitation. To assist in identifying behaviours as normal or problematic see Appendix A.
- 3.2 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 systems working with children / young people to intervene and can seriously undermine referral, assessment and treatment processes. (Morrison, 2004) It is therefore crucial that agencies coming together to plan and implement services for children / young people with problem sexual behaviour recognise the need to develop multi agency operational definitions of problem sexual behaviours.
- 3.3 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 / young person. It should be recognised that 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 / young person 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. (Pithers and Gray 1993)
- 3.4 While the term problematic is clearly too vague it encourages consideration about treatment for a wide range of sexual behaviours and thus promotes early interventions and more effective outcomes. After behaviours are agreed to be problematic 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.
- 3.5 Several leading experts in this field have developed frameworks which help to identify different types of problematic sexual behaviours. (See Appendix B)
- 3.6 Categorising behaviour has significant benefits in helping workers understand routes in to, and the meanings of different behaviours. It therefore helps to target interventions more effectively. For example victim awareness and victim empathy would not be major components to working with children / young people with reactive behaviours but would be essential for children / young people with abusive behaviours. Anger management may be crucial to a young person with abusive

behaviours while attachment repair work might form a significant part of work with a young person with extensive mutual behaviours.

4. RISK MANAGEMENT FRAMEWORK

4.1 This risk management framework which underpins the protocol provides clarity when considering

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

4.2 Risk

While a risk assessment is essential to understand the level of risk, the risk management framework provides an overarching framework for monitoring and managing risk while assessments and interventions are underway. Any interventions with children / young people should commence with a thorough risk assessment. This process should be repeated approximately every six months.

It has long been acknowledged by professionals working with children / young people with problematic and abusive behaviour that risk has to be viewed as fluid and dynamic in nature. (Ryan, 1999) It is therefore essential to consider the ongoing 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 as being more or less manageable. This leads to an exploration and consideration of the different factors that impact on it, naturally exploring the systems around the young person alongside considering their internal resources. This results in risk becoming a more tangible concept with workers feeling less anxious about it and more able to effect change.

4.3 Responsibility

Responsibility, within a risk management context, is the role of the systems and the child / young person taking responsibility for managing the risk. The overall aim of intervention is for the young person 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 children / young people's development (Lyons-Ruth, 1996), this would not be the case. It is highly unlikely that a child / young person would have the capacity or internal resources to be able to take responsibility for managing their own risk. They have to learn this skill through a process of work that will involve gaining insights and learning new skills, all of which would have to be evidenced in a range of settings. It may also include working with them on their own victimisation. The main responsibility for managing risk during the early stages of involvement has therefore to lie with the adult systems. 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.

4.4 **The Systems**

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

4.5 **The Process**

The framework helps to reflect the complex and dynamic nature of risk as the children / young people/ young person 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 reduction is largely via the systems and responsibility is owned by the systems and not the young person.

Aims:

- Identify and assess how the different parts of the systems are impacting on risk, making it more or less manageable
- Identify specific areas for interventions within the relevant systems to impact positively on the management of risk
- Engage the young person in the assessment process to determine level of risk and capacity for managing their risk
- Within the assessment identify and formulate specific goals for individual work with the children / young people/ young person and the systems

Phase Two

In this phase the young person is engaging in specific work on their problem sexual behaviours in order to equip them with the skills necessary to move to a shared ownership of responsibility for managing risk. The systems move from a learning stage to proactively

working with the young person to meet their needs and assist them in skills development

Aims

- To assist the young person to take responsibility for past behaviours
- To explore the processes involved in problem sexual behaviours and meaning of behaviours for the young person, and to reach a shared understanding about this within the systems
- To develop and rehearse strategies for managing risk with the young person and the environment
- To maximise the levels of support and intervention provided by the systems

By the end of this phase the young person would be becoming more responsive to interventions. The concept of risk becomes more meaningful. The explicit way in which risk is being discussed and managed means that the young person is ready for stage three where risk management becomes a shared ownership between the young person and the systems. This explicitness and the ability to move on to phase three can have a real motivational impact on the young person.

Phase Three

By this stage the child / young person will have engaged in work, and in particular will have been able to discuss their behaviour and risk in a meaningful way with significant others. The management of their risk is now a shared responsibility.

Aims

- Inform what factors impact on the ongoing manageability of the risk
- Engaging the children / young people in work towards achieving their treatment goals.
- Informed increasing and decreasing of external controls

This is a period of intensive ongoing work with the child / young person through individual work and interventions being undertaken by the systems. At this stage the specific treatment goals are becoming more achievable.

Within the living environment in particular it is anticipated that there will be a joining with the child / young person in negotiating and making decisions about risk on a day-to-day basis from an informed perspective. This would include:

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

The expectations of the child / young person are equally 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 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 (Final Phase)

In this phase it is important to use the identified individual goals to determine whether or not a young person can take responsibility for managing their risk. It would be expected that these goals (skills and insights) would be evidenced in different settings.

Aims

- Systems to monitor and evaluate young person's ability to manage risk
- Systems provide additional short term supports as needed
- Preparation for ending and disengagement from any focussed intervention

The framework clearly places expectations on the systems both in terms of embracing responsibility for managing risk and taking a clear role in progressing a child / young person through a process of change.

However there will be circumstances where this is not possible. For example a young person living with their birth family where there are enmeshed, unhealthy relationships, or a young person 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 framework can be used to

- Consider the extent and be specific about how they are helpful or unhelpful in managing risk
- Identify what parts of the system 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 includes the following:

- It highlights specific factors that impact on risk, thus making it 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 children / young people 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

5. RISK MANAGEMENT PROTOCOL

- 5.1 Social work has the lead responsibility for the implementation of this Risk Management Protocol. However, the effectiveness of the protocol will be determined by the ability of agencies in coming together to share the responsibility for risk management. The Protocol offers a multi agency means via the Child Protection / Vulnerability Procedures, to manage risk more effectively.

It is essential that there are robust processes in place to manage children and young people displaying problematic sexual behaviours. This protocol makes the distinction between children under 10 years and those children 11 yrs and older –

- **Children 10 years and under** - where there are concerns about problem sexual behaviours the child protection procedures should be used and a child protection case discussion should be convened to consider the child's behaviour and to identify potential victim issues.
- **Children 11 yrs and over** - VYP procedures would normally be used unless there were specific victim/safety issues that required formal child protection procedures.

Note - *For some children around the age of 8–10 yrs who are LAAC, it may be that the VYP procedures may better meet the child's needs and risk management strategy can be better managed within this process. It will be the responsibility of the Service Manager to agree which care management process best meets the needs of the individual child.*

The protocol requires the key agencies involved in risk management to come together for an initial case discussion where a risk management core group may be identified. The core group should meet regularly to manage, evaluate and monitor risk as assessments and long term interventions are undertaken. (See Appendix C)

The identification of problem sexual behaviours is a difficult task facing all professionals. Appendix D can assist professionals in determining the need to refer to social work as well as assisting workers and managers within social work services to determine the relevant processes thereafter.

5.2 Philosophy Underpinning Risk Management Protocol

- The responsibility for risk management has to be held within a multi agency perspective
- Children / young people need to be recognised as significantly different to adult sex offenders
- Research indicates positive outcomes

- Fluid and dynamic nature of risk
- Responsibility in a process, starting with the adults
- The environment has a huge influence on the young person and on making risk more or less manageable.
- Viewing risk in terms of its manageability offers a tangible means for responding to it.

6. LEVELS OF INTERVENTION

6.1 LEVEL 1 Managed by the CHCP

Initial Referral / Inquiry / Concern

Where a referral is received by social work services, or a child / young person's behaviour raises concern, the C&F duty TL / allocated TL will have the responsibility to make inquiries and make a decision as to what action may be necessary. They will consider all available information from the referrer and consider any additional information available that would assist in the decision making process. 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 reaching a conclusion and decision, in consultation with other agencies, the TL will require to consider –

- The seriousness of the behaviours
- The vulnerability of the child/young person
- The accumulation of information
- The source of concerns
- The context in which the child/young person is living
- Any predisposing factors in the family that would suggest unmanageability of risk

The TL may require to discuss the concerns with the police and where a decision is taken to initiate child protection procedures agreement will be reached with police as to how best to proceed. The police will take into account the best interests of all the children and young people involved.

Sufficient information may be available to inform that sexual behaviours are inappropriate but not requiring VYP or child protection proceedings at this time. However, where there are concerns about the child/young persons behaviour the TL will decide in discussion with the Service Manger as to whether child protection or VYP processes are to be used to assess need/risk and to agree a risk management strategy.

Initial Case Discussion

While social work have the lead responsibility for convening and chairing a child protection/VYP Initial Case Discussion, it is of vital importance that key professionals from other agencies prioritise attendance at these meetings. Professionals attending the initial case discussion should include the police, education services, Halt and any other services involved with the child / young person. Parents / carers and young people should be encouraged and supported to attend, unless their attendance would not be in their best interests.

Core Data Gathering for Initial CP / VYP Case Discussion (Appendix C)

Social work will attempt to gather as much information as is available and should include the following –

- Child's full name, dob and current address (home address if different)
- The name of the referrer
- The nature of the problem sexual behaviours and referrer concerns
- Brief family history from other agencies or case files
- Brief history of child from other agencies or case files
- Educational history

It may not be possible to gather comprehensive information in the time available, however, this information can be built upon during the initial assessment process.

The Initial Case Discussion will be chaired by the appropriate CHCP Service Manager and will consider the following –

- An initial analysis of the problem sexual behaviours
- Possible routes into the behaviours (child's history of any adversities)
- The child/young person's needs
- The immediate risk to others
- Family response
- Community response

When an initial case discussion is arranged an invite should be sent to HALT who, in conjunction, with FCAMHS will agree which service should attend the meeting. The Service will attempt to attend all such meetings, but where they are unable to do so they will discuss the case with the responsible PTL prior to the meeting.

This will assist in the process of determining –

- Short term risk management requirements
- The need for a mandate and placement considerations
- Referrals to other agencies eg mental health assessment
- The roles and responsibilities of those involved
- The need for third party disclosures. It should be noted that unless the child goes through the court system it is the responsibility of Social Work if third party disclosures should be made, unlike adult offenders where it is the responsibility of the police
- Social work should alert Police in respect of the intention to make a third party disclosure in order to manage any potential impact issues

The discussion will identify the following -

- A worker to undertake the Initial Assessment (Appendix C) and Home / Residential Safety Plan (Appendix F) Where the process is being managed under child protection the worker should complete a CP1 as opposed to the Initial Assessment format
- HALT (or one of the other projects) will support workers in the completion of the initial assessment and home/residential safety plan
- Any immediate accommodation and education needs
- Immediate risk factors
- Immediate risk management strategies
- A risk management core group to support the initial assessment of risk and the preparation of the home/residential safety plan
- Date, time of review meeting

Immediate measures may be required to be undertaken to ensure the safety and well being of children / young people potentially at future risk and the child/ young person themselves.

An Initial Assessment (including risk) and the home/residential safety plan should be completed within 4 weeks and should be presented at the review.

Review VYP Risk Management Meeting

If this review process was being held under child protection procedures this meeting would be a child protection case conference to ensure that not only was the issue of the child's problem sexual behaviours being assessed, but the child's need for safety and protection were being addressed. If the child is registered this will allow the formation of a core group to take forward and implement the child's plan which will include the management of risk. If VYP procedures are being used this would be a review VYP meeting.

The meeting will

- Consider the Initial Risk Assessment and home/residential safety plans – this will include reviewing and revising immediate risk management strategies
- Agree if an Integrated Assessment Report (IAR) is required which should include a comprehensive assessment of risk – this will be undertaken in conjunction with the city service (Halt / Easterhouse / Drumchapel/ FCHAMS)
- A social worker will be identified to undertake the IAF and will consult with HALT in the assessment of problem sexual behaviours
- Identify respective roles and tasks of the Core Group who will form the risk management team

- Begin the process of a team understanding of the pathways to the young person's behaviours, their needs and risk

In addition the Service Manager will

- reaffirm the purpose of the risk management protocol and the principles underpinning the effective management of risk
- Determine the frequency of future review meetings

Where a comprehensive assessment is being undertaken the meeting should agree a timeframe for completion and a date set to bring the agencies together to review the assessment and agree future support and interventions.

If during the process of assessment concerns are identified it may be necessary to convene a review meeting early to assist in the short term management and monitoring of risk.

Risk Management Reviews

Existing child protection and VYP procedures require reviews to happen 3 monthly, however, it will be for the assistant service manger to agree the frequency of the review process and this will be dependent on a number of risk factors. There needs to be some degree of flexibility and meetings should be considered when it is anticipated that risk will become higher (eg Christmas, other holidays, birthdays, Children's hearings etc).

Review meetings should consider the following in relation to the child and the systems working with the child

The Child / Young Person

- Identify, where possible, a behaviour and risk analysis
- Identify current access to victim/s or potential victims
- Identify strengths and concerns and explore how this will impact on risk on a day to day basis making more or less manageable
- Identify strategies to manage risk clearly identifying roles and tasks of those present
- Identify specific long term aims for the child/young person and current progress

Behaviour Specific	Behaviour Related
<ul style="list-style-type: none"> • <i>Engagement in work</i> • <i>Ability to discuss behaviours with significant others</i> • <i>Taking responsibility for past actions</i> • <i>Risk awareness</i> • <i>Skills in risk management / Relapse prevention</i> • <i>Empathy</i> 	<ul style="list-style-type: none"> • <i>Ability to identify and express feelings</i> • <i>Increased coping/problem solving skills</i> • <i>Ability to cope with anger in particular</i> • <i>Reduced antipathy towards females</i> • <i>Processing of some life experiences</i> • <i>Development of healthy relationships</i> • <i>Increased confidence and self esteem</i> • <i>Positive sexuality</i>

The Systems

- Identify all the systems and the core skills and insights that they require to effectively manage risk

Behaviour Specific	Behaviour Related
<ul style="list-style-type: none"> • <i>Insight into problem sexual behaviours</i> • <i>Ability to discuss the behaviours with the child or young person</i> • <i>Adequate levels of risk awareness</i> • <i>Risk management strategies</i> • <i>Behaviour management plans</i> • <i>Structure, consistency, Supervision, rules, clear boundaries</i> 	<ul style="list-style-type: none"> • <i>Insight into young persons needs</i> • <i>Ability to view the child/young person holistically and meet needs</i> • <i>Safety</i> • <i>Coaching, reflective role</i>

- Identify how the systems can enhance their own skills in relation to the above and how they assist the young person in meeting aims. Identify core tasks and agree on how best this can be evaluated
- Identify and assess present and ongoing factors in the environment that will impact on the manageability of risk and identify specific areas for intervention to manage risk
- Explore and develop an integrated behaviour management Strategy
- Identify and agree on communication systems
- Summarise and agree immediate risk management strategies in terms of roles, tasks and responsibilities
- Agree future review date

Decisions and responsibility for managing risk is a shared process. Disagreements should be explored in terms of how this will impact on the manageability of risk. Strategies should be identified to minimise this.

At each review the multi agency risk management plan (CP9 / VYP Plan) will be reviewed and updated including roles, tasks, responsibilities and timeframes.

All reviews should be minuted using the standard child protection (CP4) or the VYP minute and copies of the minute should be sent to all those in attendance. Copies of minutes should be forwarded to the child protection team at Centenary House.

4.2 LEVEL 2 Referral to Sexual Abuse Services

Referral to the Service

Following assessment by the CHCP a referral may be required to be made to the city service.

A Central Referral Group has been set up to review all referrals received by HALT and FCAMHS. The TL's will meet on a regular basis and will review referrals and discuss which service may best meet the needs of the young person. It may be agreed that the either service will undertake the direct work with the young person or in some circumstances both projects will be involved providing a range of services. It may also be agreed that one of the victim services who work with children 12 years and under with children displaying problem sexual behaviours would be best placed to undertake this work.

Consultation

It may be agreed that the CHCP will continue to work with the child / young person but may refer to the service for consultation. This allows workers to discuss the case in greater detail, get advice as to how to plan and undertake further assessment work and to focus on the issue of risk.

4.3 LEVEL 3 - Halt / FCAMHS Direct Work

Direct Work with the Children / Young People

When it has been agreed which service is to work with the children / young people / young person Halt / FCHAMS will arrange to meet with the referrer and other relevant persons to discuss the referral in more detail. The TL will chair this meeting and all subsequent review meetings.

A full risk assessment will be undertaken by the service and will be discussed in detail at the first review. The comprehensive risk assessment will assist in identifying what work may be required to be undertaken in the longer term and will inform risk management strategies.

The service will review the progress of the young person three monthly. This review will be chaired by the service TL and will involve all individuals working with / caring for the young person.

For a more detailed outline of the work of HALT refer to their Intervention & Risk Management Programme as outlined in Section 3.

Appendix A

Guidance Notes

IDENTIFYING PROBLEM BEHAVIOURS

Defining normal, problematic or abusive behaviours in children / young people and young people can present difficulties for professionals with responsibility for protecting children / young people. The uncertainty created can sometimes leave workers feeling powerless to respond to behaviours that concern them. This can then result in a failure to respond to the needs of both children / young people displaying the behaviours and their actual or potential victims.

In considering the behaviours of younger children / young people, American Psychologist and leading expert in her field, Toni Cavanah Johnson, has developed sexual behaviour checklists to assist in determining the nature of behaviours. This list describes behaviours indicating concern:

- A children / young people showing an interest in, and knowledge of, sex outwith the developmental norm
- The sexual behaviours exhibited being significantly different from other children / young people of the same age
- The children / young people being unable to stop the behaviours after being told to do so
- The sexual behaviours eliciting complaints from others
- The sexual behaviors making adults uncomfortable
- Sexual behaviours that increase in frequency, intensity or intrusiveness
- When fear, anxiety, deep shame or intense guilt is associated with the behaviours
- Children / young people who are engaging animals in sexual behaviours
- Sexual behaviours that are causing physical/emotional pain/discomfort to self or others
- Children / young people who use sex to hurt others
- Anger preceding or following or accompanying sexual behaviour
- Children / young people who use force, bribery, manipulation and threats

While Johnson's work concerns younger children / young people, the above may be useful in considering the sexual behaviours of teenagers. However an additional aspect to teenage years is the onset of puberty. This is a stage of major social, emotional and physical change. These include physical maturation, experiences of sexual arousal and awareness of orientation, more complex peer interaction, and a greater autonomy around decision making. During this time adolescents need to synthesise a variety of experiences in order to establish a healthy sexual identity.

Because there is a wider range of sexual behaviours on display in adolescence it can be more difficult to determine what is normal and healthy and what is problematic. The following has been adapted from Ryan and Lane (1991)

Normal Adolescent Behaviours

- Explicit sexual discussion amongst peers, use of swear words, obscene jokes
- Interest in erotic material and its use in masturbation
- Expression through sexual innuendo, flirtation and courtship behaviours
- Mutually consenting non coital sexual behaviour (kissing, fondling etc)
- Mutually consenting masturbation
- Mutually consenting sexual intercourse

Behaviours that Cause Concern

(Showing escalation in seriousness)

- Sexual preoccupation/anxiety
- Use of hard core pornography
- Indiscriminate sexual activity/intercourse
- Twinning of sexual behaviours with aggression
- Sexual graffiti relating to individuals or which have disturbing content
- Single occurrences of exposure, peeping, frottage or obscene telephone calls
- Compulsive masturbation
- Persistent or aggressive attempts to expose other's genitals
- Chronic use of pornography with sadistic or violent themes
- Sexually explicit conversations with significantly younger children / young people
- Touching another's genitals without permission
- Sexually explicit threats
- Persistent obscene telephone calls, voyeurism, exhibitionism, and frottage
- Sexual contact with significantly younger children / young people
- Forced sexual assault or rape
- Inflicting genital injury

Appendix B

FRAMEWORK TO ASSIST IN DEFINING BEHAVIOURS

(Adapted from Johnson, Chaffin and Worling)

Healthy sexual behaviour

Sexual exploration occurs alongside the healthy integration of emotional, social and physical development. It is a healthy and natural part of the whole repertoire of children / young people and adolescent development. Where behaviours involve others they would be between children / young people or young people of similar ages and by mutual agreement of those involved. The specific nature of the behaviours would vary and be dependant on age and stage of development. There would be no significant negative emotions involved with the behaviours. Should this not be the case or should the behaviours continue to be displayed in adult view this may indicate that the children / young people is developing more problematic sexual behaviour.

Inappropriate Sexual Behaviours

This term is perhaps vague however it encompasses behaviours that are not easily recognised elsewhere in this framework. These behaviours can include trying to engage others in adult type sexual behaviours or making lewd remarks to the discomfort of others. However there is not the intention to cause hurt and harm and the behaviours cease when met with resistance. There is often no significant trauma in the children / young people's background and they may have secure attachments. However their living environments may not have provided them with the social learning experiences required helping them develop healthy and acceptable sexual and social behaviours. In addition 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 experience of negative emotions. Often these children / young people 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 systems involved such as Social Work and/or Educational Psychologist

Sexually reactive behaviour

These sexual behaviours can be abusive in their affect on others, however it is important to note that for the children / young people 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 / young people, adults or self directed.

Sometimes these behaviours are outwith the conscious awareness of the children / young people. They may be frequent but are easily stopped when the children / young people is distracted. However, without further interventions, they are likely to re-emerge when the children / young people feels anxious or under stress. The children / young people 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 children / young people'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.

While reactive behaviours are most often associated with younger children / young people this can be an issue for teenagers for whom puberty has resulted in considerable confusion and distress in relation to processing past experiences. This has resulted in the demonstration of reactive behaviours with no desire to cause hurt or harm to others.

Extensive mutual sexual behaviours

These children / young people's behaviours are extensive and can include the full spectrum of adult sexual behaviours. The children / young people 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 / young people will be subtle, as they tend to engage with other children / young people 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 / young people 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

More recent research has identified diversity amongst those who abuse. Worling (2001) has identified the following personality based subgroups within young people who abuse:

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

Abusive

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 children / young peoplehood physical abuse within this group. Domestic violence also features highly in these children / young people'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 C

Guidance Notes

INITIAL ASSESSMENT

(undertaken by CHCP worker in conjunction with HALT/other services)

Martin Calder has written extensively about assessment and the following has been adapted from Calder and Goulding (2000)

Planning

The following are important considerations when planning an initial assessment

- Philosophy of intervention
- Purpose of assessment
- Who is appropriate to undertake the assessment
- What is the timescale for the assessment
- What information is required
- What will be the sources for obtaining the information
- Potential impact on the children / young people! Young person
- Potential impact on family

Purpose

The purpose of the initial assessment is to:

- Collate relevant information to assist in decision making processes about immediate risk and risk management. This includes consideration of risk in the home, community, school and extended family
- Collect details about the presenting problem behaviours and situational contexts
- Consider any predisposing factors for behaviours e.g. family background, parental attitudes
- Consider opportunities for repeat behaviours
- Identify immediate needs of the young person and other family members
- Consider level of cooperation from the family
- Consider need for legal mandate
- Consider needs for third party disclosures
- Identify areas and planning for a more comprehensive assessment

It is important that as early on in the process as possible the following key factors are considered -

- Access to victims and potential victims
- Developmental factors (history and stage of development)
- The family's level of co-operation with the assessment

- Family's views about behaviours and risk
- Family functioning and attitudes
- Exact nature of sexual behaviours (act, use of force evidence of planning, level of aggression)
- History of sexual behaviours (when they started, frequency, type and past responses)
- Level of stability in living environment
- Presence of any immediate risk factors (other behaviours)

During this investigation/initial assessment period it is important to be aware of the following:

- It is likely that the family will be experiencing intense feelings that may include, anger, shock, disbelief, fear. An assessment of their responses should take this into account. Often families are unable to engage meaningfully until they have processed and come to terms with information concerning their children / young people. Initial contact with families has to be supportive as well as conducive to fact finding.
- In the early stages of contact with young people and their families they seldom offer more information about the nature and type of sexual behaviours. Contact with other systems e.g. Schools can often be helpful sources of information.

Appendix D

GUIDANCE NOTES TO ASSIST IN DECISION MAKING PROCESSES

(Adapted from Calder 200)

Legal mandate

The need for a legal mandate may be considered where

- There is no support for interventions or there is collusion with the young person 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 young person 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 young person
- Known history of abuse in family home

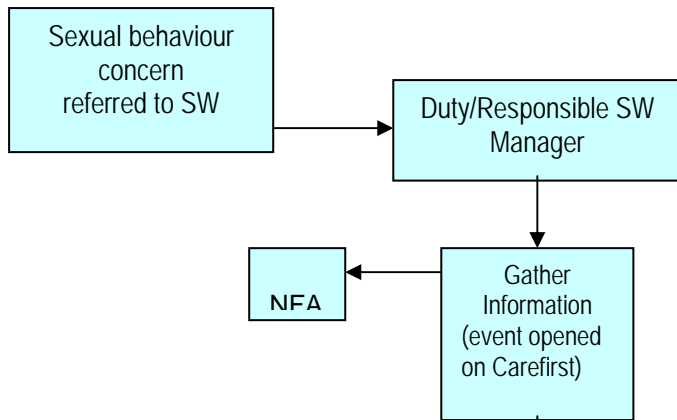
It is important to recognise that shock, denial anger and fear can all be normal initial responses allegations of problem sexual behaviours. Usually decision making about the viability of a young person remaining at home would be informed by a longer and more comprehensive period of assessment where 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

REFERRAL PROCESS

Appendix E

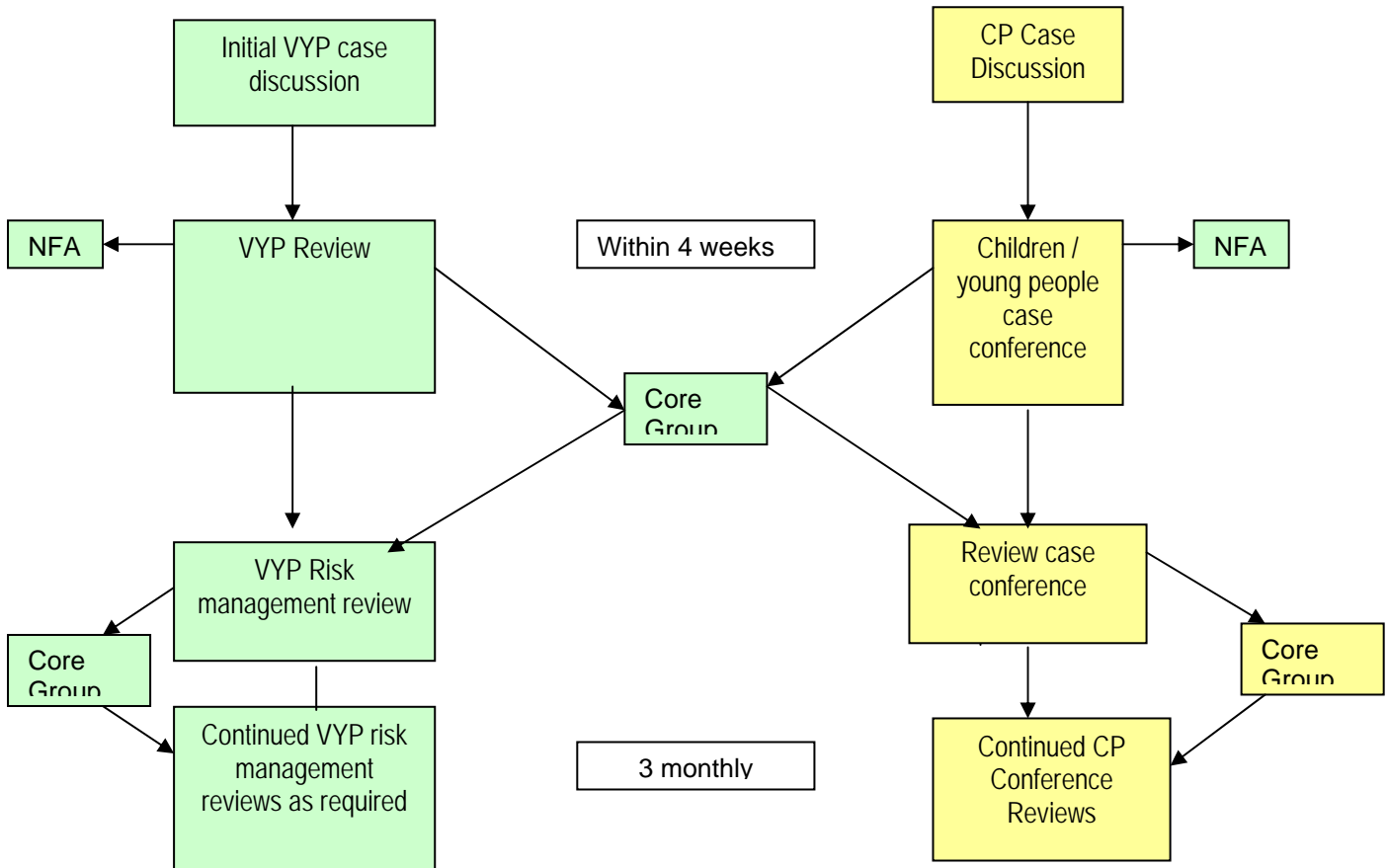


Managers can refer to Appendices 1 & 2 in Risk Management Protocol

Police & Social Work
Other professionals if appropriate

VYP

CHILD PROTECTION



Appendix F

This is an example of the safety plans used by Halt for further information please contact Halt Re Home, Residential & School safety plans.

HOME SAFETY PLAN

Date:

Review Date:

Child:

DoB:

CHCP:

CHCP Worker:

Halt Worker:

Parents / Carers:

THE CONCERNS

What are the concerns? [problem sexual behaviour / access to vulnerable others]

Has this been discussed explicitly with the child / young person?

YES – What language has been used / what was the reaction?

No – Is there need for this to be done at this stage, if so by whom?

Do we have any knowledge of any specific triggers at this stage?

What level of supervision is required at this stage?

THE HOME

Who lives in the house?

Do any other children regularly visit?

Does anyone else regularly care for this child / young person?

What are the bedroom arrangements? [who, where, morning/evening routines]

What explicit rules are in place regarding:

- Bathroom activity [locks, knocks]

- Dressing / undressing

- Privacy in the bathroom / bedroom

- Touch

- Play and other activities within the home

- Play and other activities out with the home

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?

Is the environment free of confusing sexual messages, images and behaviour? [TV, PC, magazines, affection, touch, clothing]

Is there a need to provide information / education to the child on sex, sexuality, appropriate behaviour at this stage? If so by whom? Have positive messages regarding these issues been provided?

How are we supporting positive behaviour experiences?

Additional factors Impacting on risk making it less manageable

Are there any other strategies we need in place to manage risk at this stage?