A GUIDE FOR PROFESSIONALS REGARDING HARMFUL SEXUAL BEHAVIOUR (HSB) IN CHILDREN AND YOUNG PEOPLE

This Guide should be used alongside the Plymouth Assessment Framework, and your established agency protocols under the South West Safeguarding Child Protection Procedures.

This Guide is based on the NICE 2016 Guidance: Harmful Sexual Behaviour among Children and Young People https://www.nice.org.uk/guidance/NG55
WHAT IS HARMFUL SEXUAL BEHAVIOUR (HSB)?

A large number of sexual offences against children and young people are committed by their peers (Hackett, 2014). Therefore professionals should not minimise this issue as “normal or developmental” experimentation between young people and should not develop high thresholds before taking action. HSBs are “sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult” (derived from Hackett, 2014). ‘Young people’ includes those aged 18-25 with Special Educational Needs and Disabilities (SEND).

Healthy developmental sexual activity encompasses those actions, which are to be expected from children and young people as they move from infancy through to adulthood gaining an understanding of their physical, emotional and behavioural relationships. Such sexual activity is essentially gathering and experience testing. It is characterised by mutual consent and understanding.

It is important to differentiate between sexually abusive behaviour and problematic behaviour which may be harmful to an individual’s development but not to others in order to determine what help will be required (see the continuum link).

Problematic sexual behaviour may not include overt victimisation of others but can be developmentally disruptive, cause distress, rejection or increase the victimisation of the children/young people displaying the behaviour.

HSB is characterised by behaviour involving exploitation, coercion, threats or aggression together with secrecy or where a participant relies on an unequal power base. Such a power imbalance means that the victim cannot give informed consent. Power imbalances may be due to age, intellectual ability, status, physical size and/or strength, gender, or race. Harmful sexual behaviour may or may not result in a criminal conviction or prosecution. HSB and problematic sexual behaviours also include on-line behaviours.

HSB is directed by one child or young person either towards themselves or another. In this context HSB may be related to and share some common characteristics with Child Sexual Exploitation, e.g. relations based sexual violence of teenager whereby young perpetrator befriends and grooms a young person into a ‘relationship’ and then coerces or forces them into sexual activity. Nevertheless, this guide is not designed to provide advice regarding Child Sexual Exploitation (CSE) or group based sexual violence.

For more information regarding CSE please see the risk assessment tool offered by the National Working Group for tackling CSE [http://web.plymouth.gov.uk/child_sexual_exploitation_risk_assessment_tool.docx](http://web.plymouth.gov.uk/child_sexual_exploitation_risk_assessment_tool.docx)

# HOW TO RECOGNISE HSB

A continuum of children and young people’s sexual behaviours is listed below:

<table>
<thead>
<tr>
<th>Normal</th>
<th>Inappropriate</th>
<th>Problematic</th>
<th>Abusive</th>
<th>Violent</th>
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<tr>
<td>Developmentally expected&lt;br&gt;Socially acceptable&lt;br&gt;Consensual, mutual, reciprocal&lt;br&gt;Shared decision-making</td>
<td>Single instances of inappropriate sexual behaviour&lt;br&gt;Socially acceptable behaviour within peer group&lt;br&gt;Context for behaviour may be inappropriate&lt;br&gt;Generally consensual and reciprocal</td>
<td>Problematic and concerning behaviours&lt;br&gt;Developmentally unusual and socially unexpected&lt;br&gt;No overt elements of victimisation&lt;br&gt;Consent issues may be unclear&lt;br&gt;May lack reciprocity or equal power&lt;br&gt;May include levels of compulsivity</td>
<td>Victimising intent or outcome&lt;br&gt;Includes misuse of power&lt;br&gt;Coercion and force to ensure victim compliance&lt;br&gt;Intrusive&lt;br&gt;Informed consent lacking or not able to be freely given by victim&lt;br&gt;May include elements of expressive violence</td>
<td>Physically violent sexual abuse&lt;br&gt;Highly intrusive&lt;br&gt;Instrumental violence which is psychologically and/or sexually arousing to the perpetrator&lt;br&gt;Sadism</td>
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</table>
What to do – Key Principles

- Incidents of problematic or harmful sexual behaviour should be dealt with under Child Protection procedures which recognise any safeguarding and potentially criminal element to the behaviour;
- Professionals should consider the needs of the children and young people who display problematic or harmful sexual behaviour separately from the needs of their victims;
- The appropriate agency should carry out an assessment in each case of problematic or harmful sexual behaviour, appreciating that children who display problematic or harmful sexual behaviour may have unmet developmental needs and may have suffered considerable disruption and adversities including physical, emotional or sexual harm and neglect in their lives;
- Early and effective, intervention with children and young people who display problematic or harmful sexual behaviour can play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour;
- Keep accurate, contemporary and detailed records of behaviours and decisions of what happened before, during and after an incident and follow-up on any agreed actions and goals. A good chronology is key.
- Inform parents/carers (provided there is no risk) and help them support their child.

Consider the child’s age, level of understanding and any known Special Educational Needs and Disabilities (SEND). What do the child and family already require help with?

However care should be taken whilst assessing children and young people with SEND needs as there are no known HSB tools proven for use for children and young people with these needs. Shorter sessions and specialist SEND workers should be considered to ensure the most accurate results possible.

See the ‘Children and Young People’s Sexual Behaviour Continuum’ (Hackett, 2010) on page 3 for examples of the different types of sexual behaviours. There is a link on page 5 to the Brook Sexual Behaviours Traffic Light Tool, 2015 for help on how to identify, understand and respond to HSB.

The Continuum provides examples of normal, inappropriate, problematic, abusive and violent sexual behaviours to help guide professionals to determine whether the Traffic Light Tool should then be considered. It is important to acknowledge what is healthy sexual behaviour given the child’s age and level of understanding as part of this assessment.

What to consider – Early Help

Consider whether an Early Help Assessment (EHA) could help meet the child’s needs. The benefits of an EHA should be explained carefully with care being taken not to stigmatise children who display sexual behaviour throughout the EHA process. A downloadable version of the Early Help Assessment Tool can be found here: https://www.plymouth.gov.uk/sites/default/files/PlymouthOnlineDirectoryEarlyHelpAssessment.docx

Many children presenting with HSB will stop this behaviour of their own accord, whilst for others more intensive support is necessary. Therefore it is essential that concerns regarding HSB are properly assessed and reviewed until evidenced that the risk has been adequately reduced.

However a child or young person’s sexualised behaviour should always be followed up and assessed. In most situations children and young people will not require help from specialist services which are for highly violent and abnormal sexually abusive behaviours. However children and young people may still need ongoing advice and support from agencies.


If inappropriate sexual behaviours are thought to be evident, an assessment should be carried out by the agency that has the concern. This assessment should be carried out using the Early Help Assessment tool https://www.plymouthonlinedirectory.com/kb5/plymouth/directory/advice.page?id=g8fGS8We5l8 and be supported by completion of the Brook Traffic Light Tool which assists professionals to identify HSB.
What to consider – Problematic / Harmful Sexual Behaviour

The Brook Traffic light link is set out: https://www.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool

Here is a downloadable printable version of the Brook Tool: https://www.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf

If you have identified a GREEN behaviour you are within level 1 or 2 of the threshold document. 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;

In this instance you should continue as a Universal Service.

If you have identified an AMBER behaviour you are within level 3 of the threshold. 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.

At this level you should seek advice from your own agency safeguarding lead and be making contact with the Gateway. At this stage your assessment should be based on multi-agency information.

If you have identified a RED behaviour you are within level 4 of the threshold. 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

In this instance you should make a referral to the Hub to request a single assessment. If it is agreed that threshold is reached for an assessment of need or if there is a concern that a child has suffered harm, a strategy discussion / meeting should be considered at this stage.

What to consider - Sexually Abusive Behaviour / Violent Behaviour

- Adopt a child-centred approach (listen to and consider child’s wishes and feelings and act in child’s best long-term interests);
- Consider child development including sexual development;
- Consider context of behaviour;
- Always consider whether any sexual behaviour has been consensual in context of power relationship/imbalance and exploitation;
- Recognise that inappropriate sexualised behaviour is often an expression of a range of problems or underlying vulnerabilities (consider family / social factors/ privacy and boundaries within the home);
- Look out for patterns of behaviour and the reasons behind it (including use of social media);
- Try and gain an overview of the child’s situation;
- Focus on each individual child’s behaviour;
- Consider each child’s needs, the risk to each child (including their networks) and the risk they pose to others - include a safety plan if necessary;
- Ensure a safety plan is in place whilst awaiting an assessment and that parents/carers have a clear understanding of it.

This will always need a referral to Police / Children’s Social Care.
Where to refer

Where there are concerns regarding a child or young person’s sexual behaviour, Professionals should call The Gateway to discuss their concerns and determine whether a referral to the Multi Agency Hub is appropriate.

If a child or young person displays violent and/or abnormally abusive HSB refer to the Multi Agency Hub.

What information is required for Referral and Assessment

In the event of HSB having been established and Children Young People and Families accepting referral for Single Assessment, a comprehensive assessment of the child or young person’s family and social context is required using the Resilience & Vulnerability Matrix. Any information that professionals have already gained in relation to the child or young person and their family situation should be collated for assessment.

This assessment should include details of the Child or Young Person’s:
- Home (and Placement, if applicable);
- Developmental stage, gender, learning ability, culture and religion;
- Social background, past care and any trauma they may have experienced;
- Social Relationships;
- Sex and relationship education and their responses to this;
- The description of HSB and their understanding of this behaviour;
- Engagement and any denial of the HSB;
- Emotional Development including empathy and self-regulation;
- Victimisation;
- Patterns of behaviour and the reasons behind it (including use of on-line and social media activity);
- Analysis and Recommendations should include the following to minimise the risk to the Child/Young person and others:
- A safety plan including how the Child/Young Person can make good choices

What should occur if there are concerns the child or young person is displaying problematic HSB

If there are concerns that the young person or child is engaged in problematic HSB, consider the use of a specialist risk assessment; for example the AIM, AIM2 Assessment and Intervention Models depending on age, gender, SEND and mental health needs of the child/young person. These risk assessments are for use by specially trained social workers and qualified Youth Offending practitioners.

Schools and Educational Establishments

The Schools Education Reference Group has compiled the Summary Guide for Settings, Schools and Academies (attached at Appendix 1).

Victims: Children who have suffered or are likely to suffer significant harm as a result of harmful sexual behaviour

It is essential that South West Child Protection Procedures http://www.online-procedures.co.uk/swcpp/ are followed for any child who is at significant risk of or has suffered significant harmful sexual behaviour. This will mean referring all victims of HSB to Children’s Social Care with consent.

Therefore it is important to consider the impact of harmful sexual behaviour on any children involved. Once any necessary safeguarding has taken place any support that is assessed as required for the child and family must be provided. Contact with the family/carers must be made to discuss what support is available with details of any recommended interventions and any barriers to accessing this. Flexibility allowing successful intervention to take place is important.
Agency contacts

Gateway
Contact the Gateway if you want advice or information to support a child or young person who is displaying inappropriate sexual behaviour to help identify appropriate services and plan the next steps.

01752 668000

gateway@plymouth.gov.uk

Multi Agency Hub
Contact the Hub if you are concerned regarding a child being at significant risk of harm having been hurt or abused due to problematic or harmful sexual behaviour.

01752 305200

Multiagencyhub@plymouth.gov.uk
LOCAL INTERVENTIONS AND CRITERIA

NSPCC

offer the following services regarding HSB:

- AIM2 assessment – risk assessment for young people aged 12-18 years old who display harmful sexual behaviour (including young people with learning difficulties);
- AIM under 12 – risk assessment for young people and children under the age of 12 years old;
- Change for Good – treatment programme for young people aged 12-18 years old;
- Good Way Model – treatment programme for young people with learning difficulties and young people under the age of 12 years old;
- Safe Home – psychoeducational intervention for parents of young people who display harmful sexual behaviour;
- Consultation – consultation for professionals regarding cases where there are concerns about inappropriate, problematic or harmful sexual behaviour.

Together for Childhood – it is a place-based approach to prevent sexual abuse. The project combines NSPCC and local resources and expertise to prevent sexual abuse.

Criteria

- to make a referral for an assessment or treatment, a case needs to be open to Children’s Social Care;
- a consultation is open for all professionals to access; the case does not have to be open to Children’s Social Care.

The Youth Offending Team

offer the following services regarding HSB:

- AIM2 assessment - risk assessment for young people aged 12 – 18 who are displaying problematic HSB (including young people with learning difficulties);
- AIM under 12 – risk assessment for children and young people under the age of 12 years;
- Good Lives Model of Offender Rehabilitation – Intervention model for young people aged 12 – 18 years;
- Technology-Assisted Harmful Sexual Behaviours – Intervention model for young people aged 12 – 18 years.

Criteria

- For a referral for an assessment: a case needs to be referred from the police or courts when there is an index offence of problematic/abusive or violent HSB.
- If a case is open to Children’s Social Care but there is no Police involvement then Children’s Social Care can refer to YOT for consultation for AIM/AIM2 to be co-worked with a Children’s Social Care social worker as lead practitioner.
Prevention and Diversion Programme

- Healthy Relationships programme – Intervention model for young people aged 10-18 years;
- Internet Safety programme – Intervention model for young people aged 10-18 years;
- Sexual Health Clinic (drop in)

Criteria:

For a referral to the Prevention and Diversion programmes a referral can be made via the Police when inappropriate HSB is identified and considered suitable for an out of court disposal. The Brook Traffic Light Tool will be used to assess whether an AIM/AIM2 is appropriate.

CAMHS

offer the following services regarding HSB:

CAMHS would only become involved if there were identified significant mental health concerns where there are concerns of Harmful Sexual Behaviour.

Plymouth Online Directory (POD)

Please refer to the POD for regular updates of what is available. www.plymouthonlinedirectory.com
# HARMFUL SEXUAL BEHAVIOURS
## A SUMMARY GUIDE FOR SETTINGS, SCHOOLS AND ACADEMIES

### Functioning Age 0-5 Years

<table>
<thead>
<tr>
<th>RATING</th>
<th>BEHAVIOURS</th>
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<th>WHO CAN SUPPORT</th>
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</table>
| GREEN  | **Green behaviours reflect safe and healthy sexual development.**  
- 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 | **Address natural curiosity through discussion and role play activities**  
**Use opportunities when questions or behaviours arise naturally to give positive feedback about healthy behaviours and relationships**  
**Be aware of any children that ask a lot of questions or whose play regularly veers towards a level of inappropriate touch** | **Health Visitor; either directly or through the Healthy Child Programme**  
**Family Nurse Partnership**  
**Children’s Centres**  
**Early Years Safeguarding Team** |
| AMBER  | **Amber behaviours have the potential to be outside of safe and healthy behaviour.**  
- 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 | **Regular displays of AMBER behaviours signal the need to take notice and start to gather information**  
**Address any issues directly to the child at an appropriate time and place**  
**Support can be requested from specialist agencies; check first to see who may be already supporting the child and their family**  
**Ensure other children who may be “victims” of the inappropriate behaviour are supported appropriately**  
**Ensure other children who may be joining in or encouraging the inappropriate behaviour are challenged and supported appropriately**  
**The latter may require a whole class response** | **Health Visitor; either directly or through the Healthy Child Programme**  
**Family Nurse Partnership**  
**Children’s Centres**  
**Early Years Safeguarding Team**  
**Educational Psychologist**  
**Gateway**  
**0-25 SEND Team (if the child has an EHC Plan)**  
**NSPCC**  
**Action for Children** |
### Functioning Age 0-5 Years

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</table>
| **RED** | Red behaviours are outside of safe and healthy behaviour  
- 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 | Immediate action and intervention is needed but in an appropriate manner that does not traumatise the child.  
REMEMBER: In most cases the child is acting out behaviours that they are seeing or experiencing; this is about support not blame at this age  
This is a safeguarding issue whether the child discloses or not.  
Seek professional and specialist support |  
- Health Visitor  
- Family Nurse Partnership  
- Children’s Centres  
- Early Years Safeguarding Team  
- The LADO  
- Educational Psychologist  
- Excellence Cluster (PEC) School-based or MAST team  
- Gateway  
- Multi Agency Hub  
- 0-25 SEND Team (if the child has an EHC Plan)  
- NSPCC  
- Action for Children  
- Police |
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</table>
| GREEN  | Green behaviours reflect safe and healthy sexual development.  
- feeling and touching own genitals  
- curiosity about other children’s genitals  
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships  
- sense of privacy about bodies  
- telling stories or asking questions using swear and slang words for parts of the body | Implement a healthy relationships component to the curriculum for all year groups  
Address natural curiosity through discussion and role play activities  
Use opportunities when questions or behaviours arise naturally to give positive feedback about healthy behaviours and relationships  
Be aware of any children that ask a lot of questions or whose play regularly veers towards a level of inappropriate touch or language used  
Be aware of any children that talk openly and regularly about inappropriate on-line gaming or viewing | LA Life Caravan  
School Nursing Service |
| AMBER | Amber behaviours have the potential to be outside of safe and healthy behaviour.  
- 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 | Regular displays of AMBER behaviours signal the need to take notice and start to gather information  
Address any issues directly to the child at an appropriate time and place  
Support can be requested from specialist agencies; check first to see who may be already supporting the child and their family  
Ensure other children who may be “victims” of the inappropriate behaviour are supported appropriately  
Ensure other children who may be joining in or encouraging the inappropriate behaviour are challenged and supported appropriately  
The latter may require a whole class response | Educational Psychologist  
Learning Mentor  
Counsellor or Therapist  
ELSA TA  
Gateway  
0-25 SEND Team (if the child has an EHC Plan)  
School Nursing Service  
NSPCC  
Action for Children  
The P.O.D.  
School Nursing |
## Functioning Age 5-9 Years

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<th>WHO CAN SUPPORT</th>
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</table>
| RED    | Red behaviours are outside of safe and healthy behaviour.  
- 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 | Complete the appropriate assessment and risk management  
- Immediate action and intervention is needed but in an appropriate manner that does not traumatis the child.  
- Make sure other children who may have been affected receive the appropriate support  
- This is a safeguarding issue whether the child discloses or not.  
- Seek professional and specialist support |  
- Educational Psychologist  
- Excellence Cluster (PEC) MAST team  
- Excellence Cluster (PEC)  
- Counsellor or Therapist  
- Gateway  
- The LADO  
- Multi Agency Hub  
- 0-25 SEND Team (if the child has an EHC Plan)  
- The P.O.D.  
- NSPCC  
- Action for Children  
- Police |
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</table>
| GREEN  | Green behaviours reflect safe and healthy sexual development.  
- solitary masturbation  
- use of sexual language including swear and slang words  
- having girl/boyfriends who are of the same, opposite or any gender  
- interest in popular culture, e.g. fashion, music, media, online games, chatting online  
- need for privacy  
- consensual kissing, hugging, holding hands with peer | Implement a healthy relationships component to the curriculum for all year groups  
Address natural curiosity through discussion  
Use opportunities when questions or behaviours arise naturally to give positive feedback about healthy behaviours and relationships  
Be aware of any children/young people that ask a lot of questions or who regularly use overtly sexual language or posturing behaviour  
Be aware of any children that talk openly and regularly about inappropriate on-line gaming or viewing | LA Life Caravan  
The Zone  
Young Devon  
School Nursing |
| AMBER  | Amber behaviours have the potential to be outside of safe and healthy behaviour.  
- uncharacteristic and risk-related behaviour; e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing  
- verbal, physical or cyber/virtual sexual bullying involving sexual aggression  
- LGBT (lesbian, gay, bisexual, transgender) targeted bullying  
- exhibitionism, e.g. flashing or mooning  
- giving out contact details online  
- viewing pornographic material  
- worrying about being pregnant or having STIs | Regular displays of AMBER behaviours signal the need to take notice and gather information  
Address any issues directly to the children/young person at an appropriate time and place; ensure they understand why there are concerns, what the effect of their behaviours is on others  
Support can be requested from specialist agencies; check first to see who may be already supporting the child and their family  
Ensure other children who may be “victims” of the inappropriate behaviour are supported appropriately  
Ensure other children who may be joining in or encouraging the inappropriate behaviour are challenged and supported appropriately  
The latter may require a whole class response | Pastoral Support Team/DSL  
Educational Psychologist  
Learning Mentor  
Counsellor or Therapist  
ELSA TA  
Gateway  
0-25 SEND Team (if the child has an EHC Plan)  
The Zone  
Young Devon  
NSPCC  
Action for Children  
The P.O.D.  
School Nursing |
## Functioning Age 9-13 Years

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<th>WHO CAN SUPPORT</th>
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</table>
| **RED** | **Red behaviours are outside of safe and healthy behaviour.**  
- 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 | **Complete the appropriate assessment and risk management**  
- **Immediate action and intervention is needed but in an appropriate manner that does not traumatisethe child.**  
- **Make sure other children who may have been affected receive the appropriate support**  
- **This is a safeguarding issue whether the child discloses or not.**  
- **Seek professional and specialist support** | **Pastoral Support Team/DSL**  
- **Educational Psychologist**  
- **(PEC) Counsellor, Therapist or MAST team**  
- **Gateway**  
- **The LADO**  
- **Multi Agency Hub**  
- **0-25 SEND Team (EHC Plan)**  
- **The Zone**  
- **Young Devon**  
- **The P.O.D.**  
- **NSPCC**  
- **Action for Children**  
- **Police**  
- **Youth Offending Team (if child is already known to them)** |
### Functioning Age 13-17 Years

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| **GREEN** | Green behaviours reflect safe and healthy sexual development.  
- solitary masturbation  
- sexually explicit conversations with peers  
- obscenities and jokes within the current cultural norm  
- interest in erotica/pornography  
- use of internet/e-media to chat online  
- having sexual or non-sexual relationships  
- sexual activity including hugging, kissing, holding hands  
- consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability  
- choosing not to be sexually active | Implement a healthy relationships component to the curriculum for all year groups  
- Address natural curiosity through discussion  
- Use opportunities when questions or behaviours arise naturally to give positive feedback about healthy behaviours and relationships  
- Be aware of any young people who openly and regularly use overtly sexual language or posturing behaviour  
- Be aware of any children that talk openly and regularly about inappropriate on-line gaming or viewing or social media interaction | The Zone  
Young Devon  
NSPCC  
Barnardo’s |
| **AMBER** | Amber behaviours have the potential to be outside of safe and healthy behaviour.  
- accessing exploitative or violent pornography  
- uncharacteristic and risk-related behaviour; e.g. sudden and/or provocative changes in dress  
- withdrawal from friends, mixing with new or older people  
- having more or less money than usual,  
- going missing  
- concern about body image  
- making and sending naked or sexually provocative images of self or others  
- single occurrence of peeping,  
- exposing, mooning or obscene gestures  
- giving out contact details online  
- joining adult- only social networking sites and giving false personal information  
- arranging a face to face meeting with an online contact alone | Regular displays of AMBER behaviours signal the need to take notice and start to gather information  
- Address any issues directly to the young person at an appropriate time and place; ensure they understand why there are concerns, what the effect of their behaviours is on others and that police involvement is a real risk at this age.  
- Support can be requested from specialist agencies; check first to see who may be already supporting the young person and their family  
- Ensure other children who may be “victims” of the inappropriate behaviour are supported appropriately  
- Ensure other children who may be joining in or encouraging the inappropriate behaviour are challenged and supported appropriately  
- The latter may require a whole class response | Pastoral Support Team/DSL  
The Youth Service  
Educational Psychologist  
Learning Mentor  
Counsellor or Therapist  
ELSA TA  
Gateway  
0-25 SEND Team (EHCP)  
The Zone  
Young Devon  
NSPCC  
Action for Children  
The P.O.D.
Functioning Age 13-17 Years

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<tr>
<td>RED</td>
<td>Red behaviours are outside of safe and healthy behaviour.</td>
<td>Complete the appropriate assessment and risk management</td>
<td>Pastoral Support Team/DSL</td>
</tr>
<tr>
<td></td>
<td>■ exposing genitals or masturbating in public</td>
<td>Immediate action and intervention is needed but in an appropriate manner that does not traumatis the child.</td>
<td>The Youth Service</td>
</tr>
<tr>
<td></td>
<td>■ preoccupation with sex, which interferes with daily function</td>
<td>Make sure other children who may have been affected receive the appropriate support</td>
<td>Educational Psychologist</td>
</tr>
<tr>
<td></td>
<td>■ sexual degradation/humiliation of self or others</td>
<td>■ This is a safeguarding issue whether the child discloses or not.</td>
<td>Counsellor or Therapist</td>
</tr>
<tr>
<td></td>
<td>■ attempting/forcing others to expose genitals</td>
<td>■ Seek professional and specialist support</td>
<td>Gateway</td>
</tr>
<tr>
<td></td>
<td>■ sexually aggressive/exploitative behaviour</td>
<td></td>
<td>The LADO</td>
</tr>
<tr>
<td></td>
<td>■ sexually explicit talk with younger children</td>
<td></td>
<td>CAMHS</td>
</tr>
<tr>
<td></td>
<td>■ sexual harassment</td>
<td></td>
<td>Multi Agency Hub</td>
</tr>
<tr>
<td></td>
<td>■ non-consensual sexual activity</td>
<td></td>
<td>SEND Team (EHCP)</td>
</tr>
<tr>
<td></td>
<td>■ use of/acceptance of power and control in sexual relationships</td>
<td></td>
<td>The Zone</td>
</tr>
<tr>
<td></td>
<td>■ genital injury to self or others</td>
<td></td>
<td>Young Devon</td>
</tr>
<tr>
<td></td>
<td>■ sexual contact with others where there is a big difference in age or ability</td>
<td></td>
<td>The P.O.D.</td>
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<tr>
<td></td>
<td>■ sexual activity with someone in authority and in a position of trust</td>
<td></td>
<td>NSPCC</td>
</tr>
<tr>
<td></td>
<td>■ sexual activity with family members</td>
<td></td>
<td>Barnardo’s</td>
</tr>
<tr>
<td></td>
<td>■ involvement in sexual exploitation and/or trafficking</td>
<td></td>
<td>Police</td>
</tr>
<tr>
<td></td>
<td>■ sexual contact with animals receipt of gifts or money in exchange for sex</td>
<td></td>
<td>Youth Offending Team (if child is already known to them)</td>
</tr>
</tbody>
</table>
HARMFUL SEXUAL BEHAVIOUR PATHWAY

What to do if you suspect HSB

- Discuss with your agency Safeguarding Lead
- Complete the Brook Assessment Tool to identify the level of concern
- Follow the threshold pathway

<table>
<thead>
<tr>
<th>GREEN - Level 1</th>
<th>AMBER - Level 2/3</th>
<th>RED - Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is safe normal behaviour</td>
<td>Potential to be outside of safe and healthy development</td>
<td>Outside of safe and healthy development</td>
</tr>
<tr>
<td>Continue as a Universal Service</td>
<td>Action Required</td>
<td>Refer to the Plymouth Multi Agency Hub</td>
</tr>
<tr>
<td></td>
<td>Seek advice from your agency safeguarding lead</td>
<td></td>
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<tr>
<td></td>
<td>Complete an Early Help assessment</td>
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<td></td>
<td>Consider a safety plan</td>
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<td></td>
<td>Inform the Gateway</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Gateway to check if child is already involved with YOT and if so, Gateway to notify YOT of the concern)</td>
<td></td>
</tr>
</tbody>
</table>

IS THRESHOLD MET?

(Decision to be confirmed within 24 hours)

Remember Perpetrator is also a child and may be in need of protection

YES

Progress to a Single Assessment and Check if there is YOT involvement

IF URGENT ACTION IS NEEDED then

- Have a Strategy Discussion/meeting (including YOT)
- Refer to YOT if considering civil orders or if young person has been convicted of a sexual offence
- Consider the need for a Medical & ABE Interview
- Compile an Interim Safety Plan
- Complete a Single Assessment in consultation with NSPCC plan

NO

Refer back to Early Help