NICE National Institute for Health and Care Excellence

NICE Pathways

Harmful sexual behaviour among children and young people overview

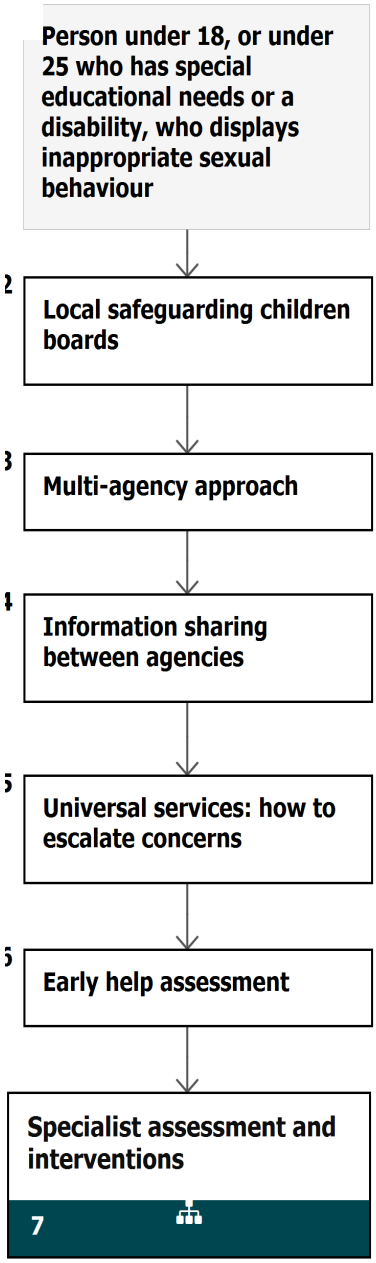
NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/harmful-sexual-behaviour-among-children-and-young-people

Pathway last updated: 21 July 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Person under 18, or under 25 who has special educational needs or a disability, who displays inappropriate sexual behaviour

No additional information

2 Local safeguarding children boards

Local safeguarding children boards should ensure:

- Lead agencies are identified to commission specialist harmful sexual behaviour services.
- Thresholds are established for when to refer a child or young person for an early help assessment or to specialist harmful sexual behaviour services.
- Named safeguarding leads and practitioners working in relevant services are told what the referral thresholds are. This includes those working in education, children's social services, health and youth criminal justice (such as young offender teams and youth justice boards) and voluntary sector organisations.
- Named safeguarding leads working in universal services use locally agreed resources as part of their policy and procedures to determine whether a child or young person should be referred for an early help assessment. (See early help assessment [See page 6] for examples of resources.)
- Children's social services have access to policies and procedures for training staff to deal with concerns about a child or young person's sexualised behaviour.

Children's social care services and NHS England should identify services employing staff with the skills to undertake a specialist assessment of risk for children and young people displaying harmful sexual behaviour. This may include:

- child health services such as CAMHS
- children's social services
- voluntary sector organisations such as the NSPCC or Barnardos
- organisations within the criminal justice system such as youth offender teams and youth justice boards.

3 Multi-agency approach

Ensure multi-agency, multidisciplinary teams promote continuity of care and, wherever possible, ensure the child or young person has contact with the same staff over time, so they can develop trust in their care team.

Ensure young people who are nearly 18 are prepared for the transition to adult services by developing links between child and adult services. See NICE's recommendations on transition from children's to adults' services.

Ensure multi-agency, multidisciplinary teams:

- have links to clinical and non-clinical services and can make prompt referrals
- collaborate with specialists when children and young people have difficult or complex needs (for example, those with neurodevelopmental or learning disabilities or conduct disorders)
- establish relationships with statutory, community and voluntary organisations that work with at-risk children and young people, to provide a broad range of support services
- meet regularly to plan, implement and evaluate care pathways for the children and young people whose care they are overseeing
- understand that the care plan is the responsibility of the whole multi-agency team and not individual practitioners.

Use established mechanisms, such as the local safeguarding children board, to develop local safeguarding policies and procedures and agree a harmful sexual behaviour operational framework between agencies. (See Department for Education's Working together to safeguard children, Ofsted's Early help: whose responsibility?, Children Act 1989 and Children Act 2004.)

The multi-agency team should agree which service is responsible when children and young people are referred for assessment. Consider one of the following for the lead role:

- child health services such as CAMHS
- children's social services
- voluntary sector organisations such as Barnardos or the NSPCC.

Consider a range of care pathways based on the 5 core domains identified in the NSPCC harmful sexual behaviour framework.

The designated lead practitioner responsible for coordinating the care plan (see early help assessment [See page 6]) should request a review of the care plan via the multi-agency, multidisciplinary team meeting if:

- the child or young person's needs are not being met **or**
- the referral and assessment procedure is unnecessarily delayed.

4 Information sharing between agencies

Agree a protocol for information sharing between all agencies. Base this on local safeguarding and child protection procedures and address legal and confidentiality issues.

Ensure the designated lead practitioner responsible for coordinating the care plan can access information on the child or young person's family situation and factors that may affect parenting capacity and attachment (see below). Do this as part of the assessment process. (See NICE's recommendations on attachment difficulties in children and young people, and sexual abuse and emotional, behavioural, interpersonal and social functioning in terms of when to suspect child maltreatment.)

Ensure information is collected and shared in a sensitive and professional manner, as set out in the Caldicott Guardian information standards.

If there is a need to share information with other agencies and carers to inform risk management, do this via the multidisciplinary team.

Incident reports

Professionals responsible for specialist harmful sexual behaviour assessments should access any additional information they need. This includes incident reports of any behaviour that is causing concern. Get this information from the child or young person's:

- social care history
- educational records
- health records
- youth offending and youth justice records
- police records.

5 Universal services: how to escalate concerns

Immediately inform your organisation's named safeguarding lead when a child or young person displays sexualised behaviour that is not appropriate for their age or developmental stage (for tools see early help assessment [See page 6] in this pathway). Possible signs of problems include:

- using sexualised language such as adult slang to talk about sex

- sexualised behaviour such as sexting or sharing and sending sexual images using mobile or online technology.
- viewing pornography that is inappropriate for age and developmental status[1].

Immediately inform your organisation's named safeguarding lead when a child or young person displays sexualised behaviour that is always inappropriate, regardless of age, such as public masturbation.

Named safeguarding leads should use locally agreed resources to assess concerns about the sexual behaviour of a child or young person. See early help assessment [See page 6].

Named safeguarding leads concerned about a child or young person's sexual behaviour should contact their local children's social services to discuss their concerns and determine whether a referral is appropriate.

Children's social services should refer children and young people displaying inappropriate sexualised behaviour for an early help assessment, in line with local thresholds and referral procedures (see local safeguarding children boards [See page 3]. Focus on the child or young person as an individual and not on the presenting behaviour.

6 Early help assessment

At point of referral, early help professionals should identify a designated lead practitioner in the multi-agency, multidisciplinary team who will:

- act as a single point of contact for the child or family
- coordinate early help and subsequent assessments and develop the care plan to avoid unnecessary or repetitious assessments that may be stigmatising
- coordinate delivery of the agreed actions
- involve children, young people and their families and carers in the design and delivery of early help services, as appropriate
- reduce overlap and inconsistency in services provided.

Early help professionals should be familiar with the child or young person's health and social care record and have access to neonatal and early health information, if necessary. This includes information on developmental delays or a diagnosis of autism spectrum condition, for example.

[1] See Brook Organisation information on pornography and the law.

Use a locally agreed tool as part of the early help assessment that accounts for the severity of the behaviour, to avoid unnecessary and potentially stigmatising referrals. Examples of tools include:

- The Brook Sexual Behaviours Traffic Light Tool. This helps identify a range of sexual behaviours between infancy and adulthood and distinguishes between 3 levels, using a traffic light system to indicate the level of seriousness.
- Models that place a child or young person's sexual behaviour on a continuum indicating various levels of seriousness, such as Hackett's model[1].

Take account of the child or young person's age, developmental status and gender and, if relevant, any neurodevelopmental or learning disabilities.

Recognise that inappropriate sexualised behaviour is often an expression of a range of problems or underlying vulnerabilities.

Use the early help assessment to identify whether the child or young person has unmet needs that can be met by universal services. See Ofsted's Early help: whose responsibility? and Department for Education's Working together to safeguard children. Also:

- For pre-school children, see NICE's recommendations on social and emotional wellbeing of vulnerable children under 5.
- For children in primary education see targeted approaches for social and emotional wellbeing in primary education.
- For children and young people in secondary education, see working in partnership with young people, supporting parents and carers and staff training in terms of the social and emotional wellbeing for children and young people.

Ensure services support children and young people of all ages. See NICE's recommendations on equal access to interventions and consistent and stable care in terms of attachment difficulties in children and young people and the principles of care in terms of looked-after babies, children and young people.

- For children and young people who may have a conduct disorder, see NICE's recommendations on antisocial behaviour and conduct disorders in children and young people.
- For children and young people who may have experienced trauma, see NICE's recommendations on recognition in primary care and general hospital settings and interventions for children and young people in terms of post-traumatic stress disorder.

If harmful sexual behaviour is displayed, refer to harmful sexual behaviour services, child protection services and the criminal justice system, if necessary.

7 Specialist assessment and interventions

See Harmful sexual behaviour among children and young people / Harmful sexual behaviour: specialist assessment and interventions

[1] Hackett S (2010) Children and young people with harmful sexual behaviours, in Children behaving badly?: Peer violence between children and young people (eds Barter C and Berridge D), John Wiley & Sons: Chichester.

Glossary

AIM

Assessment, Intervention, Moving on

CAMHS

Children and Adolescent Mental Health Services

CEBC's

California Evidence-Based Clearinghouse for Child Welfare's

ERASOR

Estimate of Risk of Adolescent Sexual Offense Recidivism

J-SOAP-II

Juvenile Sex Offender Assessment Protocol II

Sources

Harmful sexual behaviour among children and young people (2016) NICE guideline NG55

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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