

Harmful sexual behaviour among children and young people overview

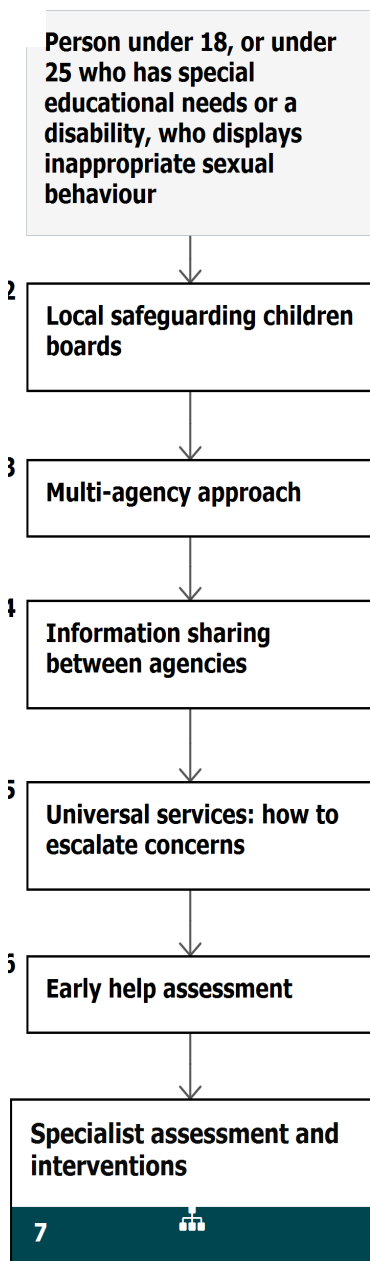
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

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

NICE Pathway last updated: 27 March 2018

This document contains a single flowchart 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 [sexualised behaviour](#) and [behaviour and emotional states](#) in terms of child abuse and neglect.)

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 status¹.

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.

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

¹ See Brook Organisation information on pornography and the law.

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 model¹.

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.

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.

7 Specialist assessment and interventions

See [Harmful sexual behaviour among children and young people / Harmful sexual behaviour: specialist assessment and interventions](#)

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

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.