



**Bristol Safeguarding
Children Board**

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Harmful Sexual Behaviour Strategy Discussion Aide Memoir

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This document is designed to help you consider ways to safeguard children who have displayed harmful sexual behaviour (HSB). This should be used in addition to your existing local authority strategy discussion process. It is primarily designed for use in sit-down strategy meetings but can be used to prompt telephone strategy discussions as well. This is guidance to assist your decision making and planning with regards to HSB, you may not need to do everything documented and there may be actions not on this memoir you need to consider.

Strategy Planning:

Is there more than one victim or suspect/offenders? If yes, consider a complex strategy meeting.

Are all the victims from the same local authority? If not, ensure all are invited and discuss who should be the lead authority for the complex strategy meeting.

Ensure all relevant partners/agencies are invited:

Agency	Named professional/s
The referring agency	
All relevant local authority professionals	
Police (Child protection DS, local beat manager, misper coordinator etc)	
Health (GP, sexual health, school nurse etc.)	
Education (pastoral services, teacher, designated safeguarding lead etc)	
Housing	
Non statutory services such as Barnardo's, Catch 22, youth services, YOT, Be Safe, ISVA (for any age child)	

Are there urgent safeguarding actions that need to be carried out before the strategy discussion/meeting? If yes, ensure these are completed first.

This must be used for the child who is the victim of the behaviour and the child who is alleged to have displayed the harmful sexual behaviour. Separate meetings/discussions must be held for each.

What information do you want professionals to bring with them to the meeting?

Strategy Agenda:

1. Introductions
2. Summary of concerns and purpose of strategy discussion to include relevant information from planning stage to be given by chair or most appropriate professional. Details of concerns.
3. Information given by each professional present.
4. Actions to consider:
5. Decision: Is there a child suffering from or at risk of significant harm? Record rationale for this decision.

Supporting Disclosure from victims (no disclosure.)
Allocate single named lead professional
Identify what support is required and make appropriate referrals
Lead professionals to arrange informal meeting with child to explain criminal justice options (liaise with police pre meeting)
Ensure the voice of the child or young person is heard
Provide parents/carers with information about the situation in a format they can understand.
Think about support for parents and carers
Consider 3 rd party disclosure to victim, parents/carers as appropriate
Ensure relevant information is shared with education and health (GP) if not present
Supporting Disclosure from victims (who are making a disclosure.)
ABE arrangements. Options around who, when and where for victim. This should be a joint interview with CSC. (If not, why not?) Ensure appropriate support from appropriate professional before, during and after ABE. This must be well coordinated. Consider use of mobile equipment and intermediary.
Think about support for parents/carers
Link in with SARC for advice for young people and parents about engaging with this process
Consider referral for an ISVA (Independent Sexual Violence Advisor) – (they will work with any age child. The youngest they have worked with has been 2 years of age but can work with the family.)
Ensure relevant information is shared with education and health (GP) if not present

Talking to the person who is alleged to have displayed the harmful sexual behaviour
<p>A decision will need to be made as to whether the young person is being treated as a victim or as suspect, being mindful that those being treated as a suspect may be a victim of abuse as well.</p> <p>To help with your decision making, consider use of the Brooke traffic light tool: https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool and CPS guidance: http://www.cps.gov.uk/legal/p to r/rape and sexual offences/youths/#a1 and your local authority HSB protocol.</p>
If the young person is to be treated as a victim, follow the procedure for victims as above and below
Think about support for parents/carers
Think about how the voice of the child will be heard outside of the evidence gathering process
If the young person is to be treated as a suspect, the young person will need to be spoken to by the police under caution. Consider who, where and when for the young person. This should be a voluntary attender interview unless the necessity test is met for arrest. Interviewing a young person in a custody suite or a police station should only be carried out if absolutely necessary.
If parent/carer is unable to be the Appropriate Adult for PACE interviews and other procedures, consider who is most appropriate to undertake this role. The YOT has a small number of AA volunteers who are experienced in dealing with HSB cases, but someone known to the child/young person may be more appropriate.
Consideration of need for PACE bed if the young person may be charged and detained (the earlier this is looked at the better)
Produce a safety plan for the young person and agree how to include them in this process and their parent/carers. Agree who needs to be made aware of this plan.
Physical Safety
Section 47 Enquiry
Measures taken to prevent contact between victim and suspect (s) (Include protective measures within any educational settings and online.)
Is alternative accommodation required?
Increase expectations on level of supervision by commissioned placements
Civil orders for suspect – police or local authority led?
Sexual and Mental Health
Forensic medical to be offered for any sexual assault within forensic window
If forensic medical declined, alternative medical examinations for health and welfare to be considered and promoted
Hepatitis B vaccinations to be offered
Post sexual assault health appointment offered with support

Contraception support and advice offered
Refer for an emergency mental health assessment
Refer to mental health services
Integrate mental health safety action plan
Support provided from ongoing worker identified to make and attend appointments where needed
Ensure all relevant information from this section is shared with education and GP if not present
Police investigation
What will contact between the police and child look like? (Victims Codes of Practice.) Contract for contact? Consider exit strategy at this stage as well. If complex CSA or CSE, consider victim strategy/policy to include victim contact logs.
Police should refer to CPS guidance and local authority protocols
Liaise with police in relation to their expectations of parents/carers in evidence gathering. Also consider who will support parents with this.
Consider planning for support for court and post-trial support. (SIO to have multi agency support in planning for the investigating officer's exit strategy.)
Police to consider community tension/issues. LPA briefing, iTask slide, information markers
Community
Support required for under 18's witness to abuse?
Consider targeted group work with peer group
Contextual safeguarding required within peer group? (Actions taken to reduce risk from peers to others.)
Contextual safeguarding required in school or college? (Actions taken to reduce any risks in school or college)
Contextual safeguarding required in vulnerable location or wider community? (Actions taken to reduce risks at a location or in a community)
Think about safeguarding online
Do professionals working with the child need any particular training?

6. Summarise key points and key professionals for relevant actions. Do actions have agreed timescales?
7. Date for updates or next meeting to be agreed
8. Conclude.