Children & Young People

Harmful Sexual Behaviour (HSB)

Multi-Agency Practice Guidance

Purpose:
This document has been developed to set out a multi-agency strategy and framework to provide workers with the steps to be taken in managing and responding to children and young people where it is believed they present with/have engaged in Harmful Sexualised Behaviour (HSB) to ensure their safety and well-being.

Approved by – WST 03.12.24.

Final Version (13.02.25)

Review Log Date:	Version	Comments	Approved
03.12.24	1	Approved pending section on Transitions to be included.	WST
06.02.25	2	Section on Transitions added.	WST
12.02.25	3	Transition section updated to include CYPIC & T2A	WST
13.02.25	4	Amended consultation list.	WST

CONSULTATION
This guidance has been developed by the multi-agency working group on harmful sexual behaviour, which has included representatives of the following services/ organisations: **City of Wolverhampton Council Children's Services** **Wolverhampton Youth Justice Service** **Black Country Integrated Care Board** **City of Wolverhampton Council Education Service** **West Midlands Police** **Royal Wolverhampton NHS Trust** **Black Country Partnership Foundation Trust** The guidance was approved by Wolverhampton Safeguarding Together (WST) Scrutiny and Assurance Board on 3rd December 2024.

Contents

Introduction

The aim of this guidance/procedure is to provide workers with the steps to be taken in managing and responding to children and young people where it is believed they present with or have engaged in Harmful Sexual Behaviour (HSB). This enables a coordinated multi agency approach to the identification, assessment, and consistent response to harmful sexual behaviour. The procedure applies to children and young people up to the age of 18 years or 25 if they have physical or learning disabilities where it is believed they present with / have engaged in harmful sexual behaviour. The people impacted by the harmful sexual behaviour may be a younger child, peer or adult.

Terminology and Definitions

Wolverhampton are using the following definition of Harmful Sexual Behaviour:

Sexual behaviours expressed by children and young people under the age of 18 years old (or under 25 if they have a learning or physical disability) that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.

This definition has been derived from Hackett (2014) and is the definition used by the National Society for the Prevention of Cruelty to Children (NSPCC).

Harmful sexual behaviour can sometimes be classified as either ‘problematic’ or ‘abusive’.

‘Problematic sexual behaviour’ is a behaviour which is developmentally inappropriate or inappropriate in the context and can be harmful to the child presenting with the behaviour and others, but it does not include an element of ‘overt victimisation’. It is therefore not a deliberate attempt to harm others through behaviour, but the behaviour may still be of harm to the child engaging in it and others around them. An example of a problematic sexual behaviour could be a child engaging in self-stimulation in a public context. The driver for the behaviour might be a sensory need rather than a deliberate attempt to harm others and the behaviour may be developmentally appropriate but not appropriate in the context.

‘Abusive sexual behaviour’ involves a power imbalance (which may be related to age, physical power or learning difficulty) which means the person experiencing the impact of the behaviour is not able to give informed consent. The behaviour also has potential to cause physical or emotional harm. It may be that the person/people experiencing the behaviour might not perceive any harm due to the power imbalance. Abusive sexual behaviour may or may not result in a criminal conviction.

To give consent to sex or a sexual act a person must be 16 years old or over, understand, and be able to make a choice or change their mind. If a young person is under the age of 13 years, under the Sexual Offences Act 2003 they cannot legally consent to any form of sexual activity. The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should remain at 16. This acknowledges that this group is still vulnerable, even when they do not view themselves as such. An assessment should be completed which should take into consideration the young person’s competency to give consent, and the nature of the relationship. Consideration must be given to age, maturity, developmental stages, functioning and experience and the awareness of the potential consequences of their act.

Developmental Stages of Sexual behaviour

a. 0-4 years. Exploratory behaviours emerge - touch taste, looking, hugs and kisses. Periods of inhibition and disinhibition occur i.e. wandering round naked. They imitate and copy behaviours of life around them including 'mummies and daddies' and 'doctors and nurses'. Random masturbation can occur as this is a sensual stage in development. The distinction between toileting behaviours and comforting behaviours begins to emerge. Parents and carers are most influential, and children learn the social rules and what is permissible from them.
b. 5-7 years. More exploratory behaviour with peers occurs, and there is comparison with other bodies and more questions. Masturbation is less random but more likely among boys due to gender socialisation. There is an increased desire for privacy. They know rude words and provoke reaction from adults although they might not understand the meanings. They are increasing their understanding of the taboos around sexual talk and behaviour. The influence of peers is beginning to emerge.
c. 8-12 years. Cognitively children can understand and process information they gain, and they are learning about sex, procreation and bodies. Sexual language will have progressed and swear words will be learned and repeated although not necessarily with an understanding of the meaning. Myths about sex flourish at this age. The onset of puberty begins, with some young people will showing an interest in sexual activity at petting level. Competitive comparison of bodies begins. A few will progress on from petting. A development of anxiety about appearance and likability occurs. Those who are gay or lesbian begin to define themselves as feeling different and will feel pressure to conform. Peers and media significant influence at this stage.
d. 13-15 years. The beginning of the grown-up phase. Young people are gaining fully developed adult bodies. Some may have practiced low level petting behaviours, and some might be moving onto advanced sexual behaviours. Emotional romantic attachments become important. There is a pressure to be seen to be knowledgeable. Anxiety is still present about status and performance. Peers and media provide a strong influence, and young people can be embarrassed to discuss questions or concerns with adults.
e. 16-18 years. Adult phase. Knowledge language and behaviours present are common. And there is competition with peers in these areas. The need for intimacy and emotional closeness is more important now. There is a return to the sensual stage - hugs and kisses reinforce attachments, along with sexual desire and pleasure. Young people can revisit cultural scripts of caregivers at this stage.

Sexual behaviours on a continuum

In respect of sexual behaviours, there are sometimes difficulties in distinguishing between normal childhood sexual development and experimentation, and sexually inappropriate or harmful behaviour. It is important for behaviours to be carefully considered in the context of what we know about the child and the situation before they are identified as ‘sexually harmful’. Incorrect identification can result in negative outcomes for the child, for example causing shame, withdrawal and fear of appropriate sexual expression.

Hackett (2010) developed a framework to help categorise behaviours on a continuum, including:

- Normal

- Inappropriate
- Problematic
- Abusive
- Violent

Whilst considering behaviours in relation to these categories can be helpful, Wolverhampton Safeguarding Together Partnership promotes the use of the categories used within the updated Brook Traffic Light tool; green (developmentally typical), amber (concerning) and red (harmful). Further information about the tool is provided in subsequent sections of this document.

Wolverhampton recognises that it is often unhelpful to identify 'victims' and 'perpetrators' in the context of sexually harmful behaviour. Instead, the following terms will be used:

'Child presenting with concerning behaviour/harmful sexual behaviour'.

'Other children/adults impacted by the concerning behaviour/harmful sexual behaviour'.

Context and Key principles

Work with children and young people who present with sexually harmful behaviours, particularly those who engage in abusive or violent sexual behaviours, or abuse others are likely to have considerable needs themselves, as well as posing a significant risk of harm to others. When working with children who have presented with behaviour which is concerning, there is a need to focus on identifying the needs and support required for both the child who has presented with the concerning behaviour and those who have been impacted.

Key principles to guide the work with children and young people who exhibit harmful. sexual behaviour:

- Work with children and young people who present with concerning/harmful sexual behaviour must recognise that such children are likely to have considerable needs themselves and should be treated as children in need of help or protection.
- Responses to children and young people who present with concerning/harmful sexual behaviour should be in accordance with a restorative approach, ensuring there is a focus on 'working with' everyone involved, hearing the views of children, young people and their families, involving them in planning and decision making wherever possible and having open and honest conversations
- Behaviours should always be considered in context. Contextual factors, such as a child or young person's individual needs (including SEND), previous experiences, access to learning opportunities and previous patterns of behaviour will be considered when the level of concern or risk is being considered.
- The needs of children and young people who present with concerning/harmful sexual behaviour should be considered separately from other people impacted by the behaviour.

What we know from national research

Considerable diversity exists among children and young people who display harmful sexual behaviours. This diversity applies to their backgrounds and experiences, the motivations and the meaning of their behaviours.

Evidence suggests that children and young people who display harmful sexual behaviour towards others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subjected to abuse, have problems with their educational and/or social development and may have committed other offences.

Often the demonstration of harmful sexual behaviours is a means of communicating there is some form of unmet needs and/or distress. Such young people are likely to be children in need and some in addition will be suffering or be at risk of significant harm and may themselves be in need of protection. Children and young people who display harmful sexual behaviour are often emotionally immature and cannot be treated the same way as adults.

Young people are still developing their sexual feelings and understanding. Early intervention can assist this development and channel it in a positive way.

There is no one single factor or experience which leads to the development of harmful sexual behaviour in a young person (Hackett, 2001), however, there are a number of factors which on their own or in combination can indicate that a child or young person is at higher risk.

National research indicates that:

- adolescent boys (12 years +) are more commonly identified as presenting with HSB.
- there is a higher prevalence of HSB in children and young people with a learning difficulty/disability.
- there is a higher prevalence of HSB in children and young people who have experienced trauma, abuse or neglect.
- HSB often co-occurs with other social, emotional difficulties.
- The majority of children and young people who present with HSB will not go on to be sexual offenders as adults. There is approx. 10% reoffending rate for children and young people convicted of or cautioned in relation to HSB compared to a 37% rate generally.
- denial, minimisation and attempts at justification of a concerning or harmful behaviour are not a reliable indicator of an increased risk of a behaviour being repeated. These responses can serve as a protective function for children and young people and should be responded to sensitively in a way which encourages reflection and learning.

The findings from national research therefore suggests that:

- Most children and young people presenting with HSB will be, or would have been, known to services.
- A focus needs to be on prevention and education, particularly for children and young people who have experienced trauma, abuse or neglect, and those with learning difficulties.
- Response to HSB needs to focus on social inclusion as well as the behaviour, with consideration of how we keep children safe whilst helping them to stay socially connected and included in their school and local community.
- There is a recognised need for child-focused and holistic interventions, considering the whole child, not solely the issues specific to the concerning or offending behaviour.

National Policy and Legislative Framework

This guidance is underpinned by the following national policy and guidance:

- Keeping children safe in education September 2024:
    - ‘Safeguarding and promoting the welfare of children is everyone’s responsibility. Everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all practitioners should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child’.
    - We see effective safeguarding practices when the designated safeguarding lead (and their deputies) have a good understanding of HSB. Training in HSB will aid in planning preventative education, implementing preventative measures, drafting and implementing an effective child protection policy and

incorporating the approach to sexual violence and sexual harassment into the whole school or college approach to safeguarding.

This guidance is underpinned by the following legislation:

- The Children and Young Persons' Act 1993 - this lists Schedule 1 offences
- The Children Act 1989
- The Children Act 2004
- The Crime and Disorder Act 1998
- The Criminal Justice Act 2003
- The Sexual Offences Act 2003

Early Intervention and prevention

The national research tells us that children and young people with certain characteristics and experiences (see 'What we know from national research' section above) are at higher risk of presenting with HSB. It is therefore really important that we ensure that children and young people within these groups have access to a high quality PSHE and RSE curriculum, with assessment to ensure that children and young people have achieved a secure understanding of safe and healthy relationships and behaviours.

City of Wolverhampton Council provides advice and signposting for schools and educational settings to approved high quality PSHE materials and training offers. National guidance also sets out the requirements for schools for PSHE, Relationships Education, Relationships & Sex Education, and Health Education, which must be followed. Further advice and resources can also be accessed via the government funded PSHE Association website.

Other useful websites and resources

Stop it now – Concerns about a child or young person's sexual behaviour?

NSPCC – Sexual behaviour in Children

Brook - Resources

Settings are responsible for ensuring that all children and young people access the required learning opportunities to develop a good understanding of risk and how to keep themselves safe and healthy. This learning offer will need to look different for different children and young people and settings should adapt their curriculum as appropriate.

As with other areas of learning, if concerns are identified, the approach to curriculum design and delivery should be adapted so that key areas can be reinforced as required.

Transition

This guidance, and the assessment and intervention pathways detailed within it, relate to children up to the age of 18, or up to the age of 25 if they have a physical or learning disability. If a young person over 18 who has care and support needs presents with HSB, a referral into adult's social care would be required to identify if it is appropriate for a Care Act conversation to be completed. If needs that require intervention are identified, a discussion about whether it would be appropriate for the young adult to receive specialist assessment and intervention through the services available (such as Power 2 where appropriate) would be held.

Where a child is undergoing assessment for HSB prior to their 18th birthday (or 25th birthday if they have a physical or learning disability) it is expected that the assessment will be completed by the initiating service as part of any transition arrangements. If the child has been

a child in care and has leaving care support in line with Wolverhampton local offer, ongoing HSB intervention and support will be offered by trained Young Person Advisors (YPA). In the case of children working with YJS who reach the age of 18 years old who are required to transition to National Probation Service (NPS) to continue the management of a statutory court ordered intervention the ongoing HSB intervention and support will be delivered by NPS.

For ongoing HSB intervention for adults over 18 years of age who do not have a physical or learning disability and are not identified as having care and support needs, is under review and is being considered in relation to Wolverhampton Safeguarding Together transitional safeguarding development work.

A Restorative Approach

It is important that a restorative approach is taken when responding to incidents of concerning or harmful sexual behaviour.

It is important to maintain open and honest dialogue with everyone involved as far as is possible. A primary focus should be on ensuring that everyone involves feels safe and respected, but attempts should be made to restore relationships and repair harm. The views of the child or young person presenting with the behaviour, other children and young people impacted by the behaviour, and the parents/carers of all children should be heard and used to inform next steps.

In some cases, the nature of the behaviour may constitute a criminal offence, and, in these situations, it is important that any discussions with the children or young people involved are guided by the Police and social care to ensure that any investigations are not undermined.

Usually, it is expected that the parents/carers of children involved in any situations involving concerning or HSB will be informed as soon as possible. The only exception would be if the Police have advised otherwise or if informing parents/carers would put the child at risk of harm. In these cases, advice should be sought from MASH.

Protection and Support for children and young people impacted by HSB.

Specific arrangements need to be made to ensure that any children who have been impacted by another child presenting with concerning/harmful sexual behaviour feel physically safe and have any emotional needs identified and met. Actions taken to ensure physical safety and provide emotional support should be discussed with the child and/or their parent/carers and should be informed by their views of what would be helpful.

Actions taken to ensure children's actual physical safety, and their sense of physical safety could involve a range of things within their home, school and community environments, including moving teaching groups, changing bedroom arrangements or adaptions to access to community clubs.

The support offered to children in response to any identified emotional needs following the impact of concerning/harmful sexual behaviour will vary depending on the presenting needs and the views of the child and their parents/carers. Support for emotional needs following the experience of concerning/harmful sexual behaviour will not necessarily differ from the support offer following any other experience that results in emotional needs/distress. Adults supporting a child who has experienced concerning/harmful sexual behaviour should be alert to any early signs of emotional needs/distress and follow the usual pathways to access support, ensuring that universal and early targeted/'getting help' offers are explored, but with access to more specialist/'getting more help' support via the Single Point of Access as required.

Identifying the appropriate course of action

Definitions in the context of sexually harmful behaviour can be difficult. Identification of harmful sexual behaviours and categorising appropriately is key to ensure the correct intervention is delivered and risks are appropriately managed.

Using the Brook Sexual behaviour Traffic Light Tool

By using the Brook Traffic Light Tool, practitioners can learn to identify, assess and respond to sexual behaviour in children and young people in a confident and appropriate manner. The traffic light tool lists examples of green, amber and red behaviours within five different age groups. These are examples only and should not be applied as simplistic labels on their own, such as “it is an amber behaviour”. It is important that professional judgement is applied to provide a timely and appropriate response as well as establish relevant contextual information.

Although there are age categories as a guide, there should also be consideration of any special educational needs or disabilities that would impact what would be expected to be developmentally appropriate behaviour for a child.

The behaviours identified in the Traffic Light Tool are examples used to show the difference between healthy and unhealthy sexual development. The resource does not aim to define how children and young people should behave, but to show which behaviours are a natural part of development and exploring sexuality, and which are problematic and may need intervention, assessment and support.

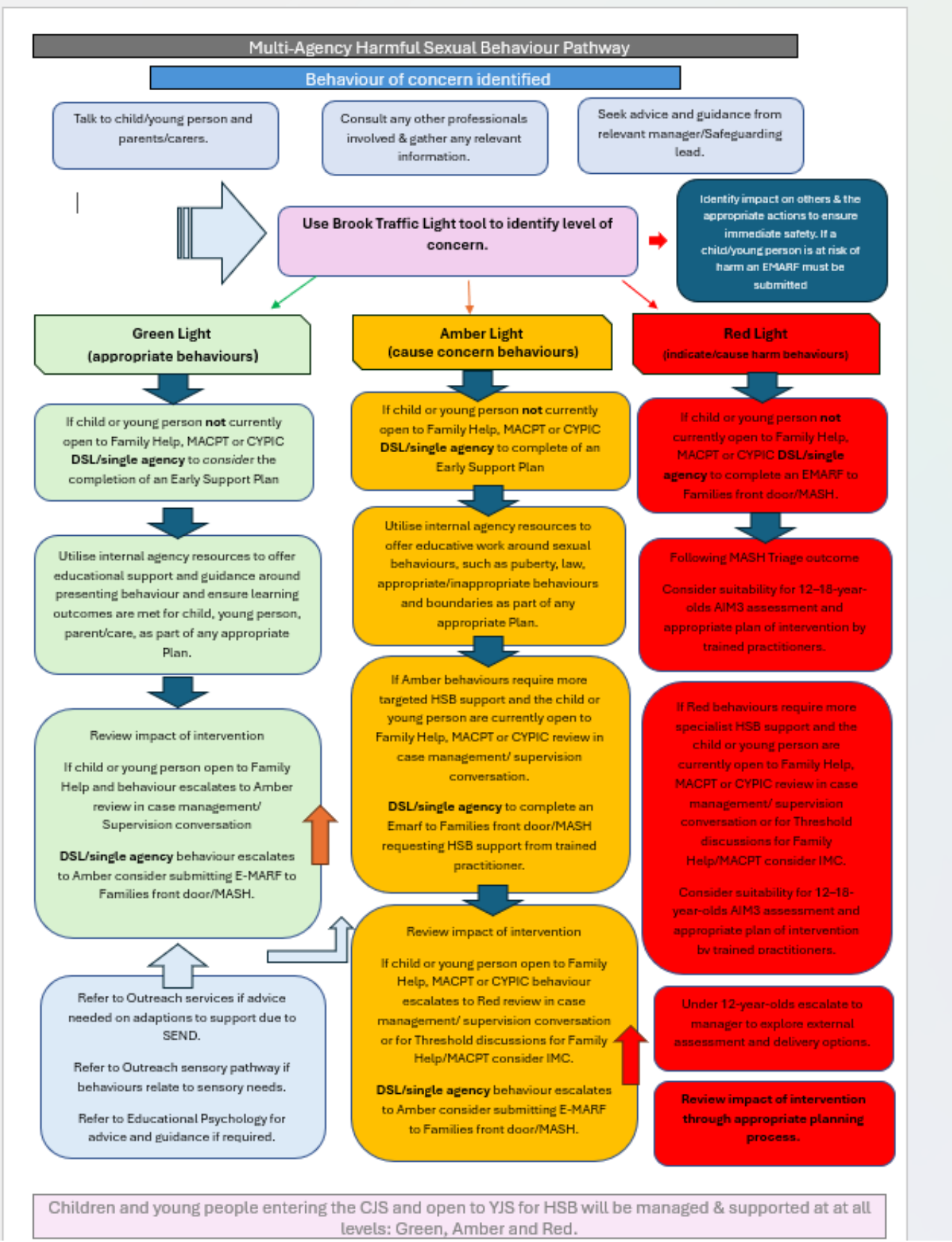
The Traffic Light Tool is designed to help practitioners think through their decisions and does not replace organisational procedures or assessment frameworks. It assists in identifying whether the presenting sexual behaviour is a safeguarding concern which needs to be further investigated using the local safeguarding policies and procedures.

By identifying sexual behaviours as Green, Amber or Red, practitioners across different agencies can work to the same criteria, informing their assessments and decisions about appropriate action, leading to a unified approach to protecting children and young people. In assessing the distinction between behaviour that is experimental in nature and behaviour that is abusive, the notions of consent, power, equality, and authority need to be considered by the assessors.

The normative list provides examples of the types of behaviours that would sit within each colour category. If the presenting behaviour is not given as an example, it may be useful to consider the following questions:

- Is the behaviour consensual for all children or young people involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Does the behaviour involve children or young people of a similar age or developmental ability?
- Is the behaviour unusual for that particular child or young person?

Harmful Sexual Behaviour Pathway



Responding to Harmful Sexual Behaviour

Incidents of harmful sexual behaviour come to light, either through discovery or disclosure which may be third-party or second-hand information. The details provided should be accurately recorded by the person receiving the initial account. All Green, Amber and Red behaviours require some form of attention and response; however, the type of intervention will vary according to the behaviour.

An assessment of the child/young person presenting harmful sexual behaviour/s should be undertaken by the practitioner/s involved against the criteria within the Brook Traffic Light Tool. The Brook Traffic Light Tool should be used alongside the Thresholds of Need and Support in Wolverhampton to assist everyone involved in making decisions about the most appropriate support to provide to children/young people. Threshold Guidance.

Behaviours identified in the green range are age appropriate, those in the amber range may require further support/assessment and those in the red range require immediate referral to the MASH and/police. Where another child has been harmed as a result of harmful sexual behaviour, this must be referred to the MASH.

Practitioners should consult with each other, share information and work together to ensure that the child/young person and their family get the most appropriate and effective support. They should discuss concerns with their line manager/ designated safeguarding lead and follow the HSB Pathway outlined above. Practitioners should also be guided by the principle of proportionality and the primary concern must be the welfare and protection of the children/young people involved.

Green Behaviours

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

Thresholds of Need and Support - (Universal Support)
Providing behaviours are age appropriate and are in line with what is considered “healthy” these behaviours do not warrant concern, but the practitioner may be able to discuss with the child or young person and advise parent(s) of the discussion. Green behaviours provide opportunities to provide positive feedback and information that supports healthy sexuality. A universal support service is sufficient to positively reinforce appropriate behaviour, and to provide further information, advice and support about normal behaviours. Healthy sexual development should be encouraged, similar to any other aspect of child development.

Amber Behaviours

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 cannot be ignored, and it is important to think through the options available to the agency/establishment. However not all behaviours in the amber range will require serious level of intervention or even a formal referral to the MASH and/police. The decision to respond to an amber behaviour without involving the MASH and/or police will be made when

the designated safeguarding lead is confident that they have enough information to assess the risks to the child/ren involved and the risks can be dealt with by single-agency or multi-agency intervention through an Early Support Plan. With low level concerns, re-direction of the behaviour, boundary setting may be all that is required, or discussion with the parent/carer etc. Practitioners should also consider why the behaviours may be being displayed, and, where possible, gather further information, record what is said and share the information with their line manager/designated safeguarding lead and continue to monitor behaviour.

The following questions should also be considered as appropriate:

- Is the presenting behaviour consensual for all children involved?
- Is the behaviour reflective of natural curiosity or experimentation?
- Is the behaviour unusual for the child?
- Is the behaviour a one-off or repeated behaviour?
- How does the child respond to it?
- Does the behaviour involve children of a similar age or developmental ability?
- Is the behaviour occurring in a public or private space? Does this increase or reduce concerns?
- Is the behaviour excessive, coercive, degrading or threatening or intended as bullying?
- Are other children showing signs of alarm or distress as a result of the behaviour?
- Is the behaviour premeditated action to gain attention or annoy others?
- Is it influenced by an imbalance of power?
- Are there any other concerns on the child's welfare?

Practitioners should ensure that the behaviour causing concern is clearly described and include information on the frequency of the behaviour, the age and/or vulnerability of the child or young person displaying the behaviour, and any other child or young person involved. Any available information about impact on other children involved, the extent of consent and any indications of remorse should also be included. The potential risks to other children, particularly siblings must be considered. Other children in the household must be identified and if safeguarding concerns are identified a referral to MASH should be made.

Threshold of Need and Support- Early Support/Family Help (single agency or multi-agency)

Amber behaviours may indicate that the young person has additional needs that cannot be met by universal services but may be met by an additional piece of work. Further consideration should be given to gathering more information and identifying a plan of support. Universal services should consider whether appropriate support could be offered and co-ordinated through an Early Support Plan (ESP) to assess and manage risks. If this is the case the Partner agencies will identify a "lead" who will be called an "Early Support Lead practitioner" who will complete the Early Support Plan on Eclipse and review with the family every 6 weeks or earlier. If concerns escalate around HSB, partner agencies can make a request to access the Family Help pathway via an eMARF. All referrals into the Families Front Door will be triaged and rag rated by the Multi-Agency Safeguarding Hub (MASH) and have an outcome of one of the following:

- Continue with Early Support Plan and no further action
- Referral for support within Family Help (HSB) (targeted/green)
- A threshold decision to be completed by the Child and Assessment Team (CAT) as part of their triage/discussion to determine next steps. (amber)
- Strategy Discussion to be carried out by MASH and if there is a need for a s47 this will transfer to the will Multi-Agency Child Protection Team (MACPT) (red)

Amber behaviours may require an educative piece of work around sexual behaviours exploring aspects such as puberty, law, consent, appropriate/inappropriate sexual behaviour and boundaries. Support may also require observation, documentation, referral to intervention

services, increased supervision, assessment, risk management plan, safeguarding assessment and/or a legal response.
At any point in the process if there is a concern a child/young person has been harmed or is at risk of harm a referral should be made to MASH and/ the police immediately.

Red Behaviours

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

Red behaviours indicate a need for immediate intervention and referral to the MASH and/police, though it is important to consider actions carefully. When determining the appropriate action, identify the behaviour, consider the context and be guided by:

- Relevant national legislation and guidance
- Organisational policies, procedures and guidance
- Human rights
- The identified risks or needs of the young person
- The potential or real risks to others

Threshold of Need and Support- Specialist Support
Red behaviours indicate that the child/young person has acute needs and is at risk of significant harm and may present a risk of other children/young people. Professionals should speak to their line manager/ designated safeguarding lead, record the behaviours and make a referral to the MASH [or to the Police if necessary to prevent a crime or the destruction of evidence] immediately.

If either the victim or the young person who has allegedly displayed sexually inappropriate or harmful sexual behaviour is an out of City child or young person, then the MASH will inform the relevant local authority. Where the perpetrator is an adult either at the current time or time of the offence the police will lead the investigation. If deemed reasonable and proportionate, police can consider putting as a condition of Police Bail for the young person to engage with Social Care.

Accessing AIM3 Assessment and Intervention – Red Behaviours

The AIM3 Assessment Model is a dynamic assessment framework which is capable of being responsive to developmental, systemic, and behavioural changes of the young person, their family and their environment (both pre and post assessment) and which assesses a young person across several domains: - sexual behaviour, non-sexual behaviour, development, environmental/family and self-regulation. Following consideration and scoring within each of the domains, a profile graph is produced which both provides a visual holistic representation of the analysis and aids detailed analysis to determine concerns and strengths present and their implications for immediate risk management, safety planning and interventions with the young person and his/her carers.

Children and young people aged between 12–18-year-old identified as displaying red behaviours and meeting the threshold for specialist support will be able to access AIM3 assessments and interventions at each point within the Families First Children Services model. A network of AIM3 trained practitioners within the Family Hubs, Multi-Agency Child Protection Teams and Children and Young People in Care teams will be able to complete assessments, support the delivery of interventions, and co-work were identified.

Youth Justice Service – Sexual offences

Any child or young person entering the criminal justice system either through an out of court disposal or a court outcome for a sexual offence, irrespective if they are open to other statutory services will be able to access AIM3 assessments and intervention through the Youth Justice Service.

In addition, the Youth Justice Service will have a co-ordination and consultation role for AIM3 assessments completed within the Family Hubs, Multi-Agency Child Protection Teams and Children and Young People in Care teams to ensure consistency and best practice.

External Specialist HSB assessments and Consultation – Red Behaviours and Children under the age of 12 years old.

Sometimes professionals will identify that more specialist HSB assessment and support is needed for a child or young person than can be provided within the AIM3 framework. When this is the case, the child and young person will be discussed within a case management/supervision conversation to agree an alternative pathway forward.
(Please note the external commissioning pathways for specialist HSB assessment and intervention in these scenarios is currently being reviewed)

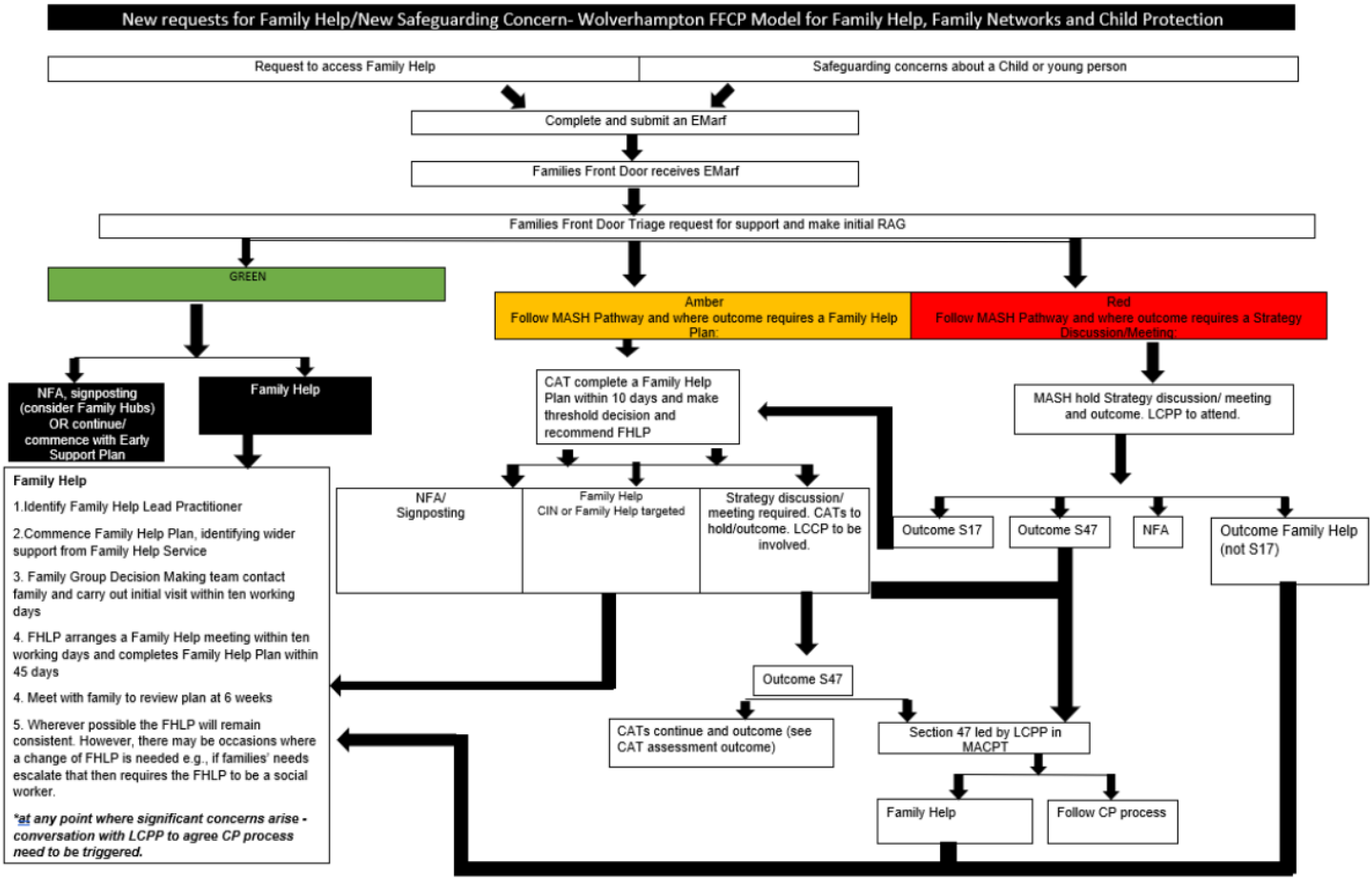
Children and young people already open to Family Help, Multi-Agency Child Protection Teams (MACPT) and Children and Young People in Care (CYPIC)

If a child or young person has been identified with sexually harmful behaviour and already has a lead practitioner allocated through Family Help, MACPT or CYPIC, the decision as to how this behaviour will be supported and who is in the best position to support will be agreed through a case management/supervision conversation. An Integrated Management Conversation (IMC) can be instigated where there are changes in need / risk / concerns - the IMC would review threshold and appropriate lead professional. In addition, consultation with Lead Child Protection Practitioners can be convened if there are child protection concerns.

A child or young person may be open to children's social care as a result of their harmful behaviour or behaviours maybe identified through the assessment process. Either way, the response in terms of further assessment and proportionate intervention should still be guided by the Green, Amber and Red from the Brook Traffic tool. Please note that because a child or young person maybe displaying red behaviours does not automatically mean that they should be open to the MACPT or that a child displaying amber behaviours would not warrant support from this team. The offer within Social Care across the system will ensure that all lead practitioners have access to trained colleagues to support any HSB work at different stages of intervention and the IMC will be the mechanism to have these threshold discussions about any changes in need or concerns.

New requests for Family/Help/New Safeguarding Concerns – Wolverhampton

In line with safeguarding arrangements a referral can be made to request access to Family Help or if there are safeguarding concerns about a child or young person to MASH using an eMARF. Please see flowchart below:


New requests for Family Help/New Safeguarding Concern- Wolverhampton FFCP Model for Family Help, Family Networks and Child Protection
Request to access Family Help
Safeguarding concerns about a Child or young person
Complete and submit an EMarf
Families Front Door receives EMarf
Families Front Door Triage request for support and make initial RAG
GREEN
Amber
Follow MASH Pathway and where outcome requires a Family Help Plan:
Red
Follow MASH Pathway and where outcome requires a Strategy Discussion/Meeting:
NFA, signposting (consider Family Hubs) OR continue/ commence with Early Support Plan
Family Help
CAT complete a Family Help Plan within 10 days and make threshold decision and recommend FHLP
MASH hold Strategy discussion/ meeting and outcome. LCPP to attend.
Family Help
1.Identify Family Help Lead Practitioner
2.Commence Family Help Plan, identifying wider support from Family Help Service
3. Family Group Decision Making team contact family and carry out initial visit within ten working days
4. FHLP arranges a Family Help meeting within ten working days and completes Family Help Plan within 45 days
4. Meet with family to review plan at 6 weeks
5. Wherever possible the FHLP will remain consistent. However, there may be occasions where a change of FHLP is needed e.g., if families' needs escalate that then requires the FHLP to be a social worker.
*at any point where significant concerns arise - conversation with LCPP to agree CP process need to be triggered.
NFA/ Signposting
Family Help CIN or Family Help targeted
Strategy discussion/ meeting required. CATs to hold/outcome. LCCP to be involved.
Outcome S17
Outcome S47
NFA
Outcome Family Help (not S17)
Outcome S47
CATs continue and outcome (see CAT assessment outcome)
Section 47 led by LCPP in MACPT
Family Help
Follow CP process