

Sheffield's Multi-Agency Work with Young People with Harmful Sexual Behaviour

Introduction

The aim of this process is to establish a consistent referral pathway for young people with sexually harmful behaviour that involves a multi-agency screening process. This is to ensure that young people with sexually harmful behaviour in Sheffield receive a consistent and appropriate response that involves interventions both in relation to safeguarding concerns and public protection. The aim is to introduce a system that identifies and intervenes, at the earliest possible stage, where young people are displaying sexually harmful behaviour.

Principles

The complex nature of the problem requires a co-ordinated multidisciplinary approach, which addresses both child protection and criminal justice issues.

- The needs of the children and young people who sexually harm should be considered separately from the needs of their victims.
- Children and young people who sexually harm others are in need of help and are entitled to appropriate services.
- The reasons why young people sexually harm are multi-faceted and to explore this further a full risk assessment and an assessment of need must be carried out in every case.
- The primary objectives of intervention must remain at all times the protection of victims and potential victims and the avoidance of any repetition of the sexually harmful behaviour.
- The young person will be held accountable for his or her behaviour.
- Wherever possible, young people who sexually harm have a right to be consulted and involved in all matters and decisions which affect their lives. Their parents / carers have a right to information, respect and participation in matters that concern their family / children in their care.

Purpose

The purpose of this procedure is to provide a clear operational framework for the management of and response to children and young people where it is believed they present with or have engaged in harmful sexualised behaviour. This will enable a swift, consistent and coordinated multi agency approach to the identification, assessment and planning for the most appropriate intervention for children and young people who present with this behaviour.

The Model

Multi Agency Screening Process

The new process will enable professionals working with children in Sheffield to identify sexualised behaviour in young people and assess its appropriateness. Where this behaviour is deemed inappropriate the process will provide a referral pathway to a multi-agency screening process.

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Relevant professionals in partnering organisations will be trained to use the Brook Traffic Light Tool which divides young people's sexualised behaviour into red, amber and green behaviours. Green are age appropriate, Amber require further information and Red require immediate referral.

All concerns in relation to children and young people who display sexually harmful behaviour will be referred to the Prevention and Assessment Team (PAT), based in the area where the child/ young person resides.

The initial contact details will be taken by a Screening Social Worker, who will use the Brook Traffic Light tool to identify cases which require further assessment and intervention.

When it is unclear whether a case requires a Social Care assessment (for example with Amber cases) a telephone consultation will be held between the Screening Team Manager, Safeguarding Service Manager and Forensic CAMHS Consultant. (This discussion will be recorded within the Referral Record).

There will be two potential responses depending on whether the concern is deemed as a Child Welfare concern under Section 17 or a Child Protection concern under Section 47 of the Children Act 1989.

S.17 Child Welfare Concern

If the child /young person is deemed to be a Child in Need, a decision will be made regarding whether a Social Care assessment is required at this stage or whether advice could be given to the referrer/ family, including sign posting to any other appropriate agencies or services. The Screening Social Worker will inform the referrer of the decision made.

When the decision is made that further assessment is required, a Social Worker will be allocated to undertake a Single Assessment. During the initial telephone consultation any specific information needed for decision making purposes will be clarified prior to the visit taking place.

Once the initial information has been gathered a SHB Multi Agency Discussion will be held between the Screening Team Manager, Safeguarding Service Manager and Forensic CAMHS Consultant. (This may also include any other relevant professionals/agencies)

S.47 Child Protection Concern

If the criteria for initiating a S.47 investigation have been met, then a Strategy Discussion will be held between the Screening Team Manager, Joint Investigation Team Manager, PPU Sergeant and Safeguarding Manager.

The Strategy Discussion will decide whether an investigation will be a 'joint agency' or 'single agency' investigation. If it is decided that there should be no further action regarding a S.47 enquiry, then consideration should be given as to whether an assessment is necessary under S.17.

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If it is decided that a joint investigation is required then the case will be reassigned to the Joint Investigation Team and a JIT Social Worker and PPU officer will undertake any necessary enquires.

Once the initial enquires have been completed a SHB Multi Agency Discussion will be held between the JIT Team Manager, PPU Sergeant, Safeguarding Manager and Forensic CAMHS Consultant. (This may also include any other relevant professionals/agencies)

SHB Multi Agency Discussion and Potential Outcomes

Once the initial information has been gathered, following speaking to the child/ young person, parent or carer and all professionals involved, a SHB Multi Agency Discussion/ Meeting should be held to decide on the next course of action. (This discussion will be recorded on a new CareFirst form).

The potential outcome can be for more than one service to become involved:

- *No Further Action*

The decision of no further action will be made when the initial concern has not been substantiated or when appropriate support is already in place from universal services.

- *MAST*

A referral to MAST will be made when it is determined that the child/ young person or parents/ carers would benefit from support from a prevention or intervention worker. The referral will be made by the PAT/ JIT worker via the MAAM panel.

- *Community Youth Team*

A referral to the CYT will be made when 'keep safe' and educational work has been identified as appropriate for the child/ young person or parents/ carers. The referral will be made by the PAT/ JIT worker via the MAAM panel.

- *Children and Family Service Single Agency*

A single agency assessment will be undertaken when the concern in relation to sexually harmful behaviour has not been substantiated or is not the predominant concern, but other safeguarding issues have been identified. (This may be alongside referrals to other agencies).

- *Aim 2 Assessment*

A joint Aim 2 Assessment will be undertaken between a Long Term Social Worker and Youth Justice Worker when the concerns in relation to sexually harmful behaviour have been confirmed. This could be as part of the preparation for a Pre-Sentence Report for either Youth or Crown Court or as part of a Youth Conditional Caution.

This assessment will determine what intervention is required which will be implemented alongside any child in need/ child protection plan. The intervention plan will be co worked between the Children and Family Services and the Youth Justice Service.

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- *Forensic CAMHS Intervention*

A referral to the Forensic CAMHS will be made when:

- Significant concerns have been identified in relation to a child/ young person's mental and emotional needs, alongside the sexually harmful behaviour.
- There are ongoing forensic CAMHS or learning issues in relation to ongoing complex cognitive behaviour
- There are psychotic issues and need for medication
- The child or young person is on the Autistic Spectrum
- There are callous and unemotional traits
- The sexually harmful behaviour is of significant complexity

- *Multi-Systemic Therapy Problematic Sexualised Behaviour*

A referral to the MST PSP will be made when:

- It has been identified that a child/ young person requires intensive intervention
- There is a diagnosed mental illness such as psychosis
- Any sexually harmful behaviour causing significant concerns to the child/ young person's development
- The sexually harmful behaviour is seen as part of 'anti- social behaviour' and if it is affected by wider social context.
- The sexually harmful behaviour is escalating and leading to custody or risk of removal

MST-PSB could be offered to either the Youth or Crown Court in a Pre-Sentence Report as an intervention in a proposed youth disposal. (MST PSB will only work with children/ young people in a 'family type' unit, and excludes children/ young people in residential care settings)

Training and Communication

The implementation of the model requires that staff in various parts of the process should receive different training.

The Brook Centre has developed an initial screening tool that, once trained, is easy for front line staff to use to help in answering these questions. The Brook Sexual Behaviours Traffic Light Tool divides childhood into four different age ranges. For each age range it identifies different sexualised behaviours and allocates them, Green, Amber or Red status. Green behaviours reflect safe and healthy sexual development, Amber behaviours have the potential to be outside safe and healthy behaviour and require more information gathering and assessment and Red behaviours are outside the safe and healthy and require immediate intervention.

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The training of frontline staff in the use of this tool is essential in helping to identify inappropriate and risky behaviour at the earliest opportunity and to ensure timely, assessment and appropriate intervention. Therefore multi-agency lunchtime seminars have been organised to target all frontline professionals working with children in Sheffield. The seminars will offer places for 50 staff at a time and will be repeated on a cyclical basis, ensuring early identification and appropriate referrals to the multi-agency screening process, via the PAT.

Alongside this a number of "super users" will also be trained to support and advise both referring agencies and the Screening Social Workers. A one day AIM Project Awareness Raising course has been arranged initially targeting the PAT Team Managers and SWIP's.

Aim 2 Assessments and Interventions

The Aim 2 training is designed to assist staff to understand how attachment theory and trauma relate to the development of young people with sexually harmful behaviour, including neurobiological impact, to consider the implications of attachment and trauma on intervention planning and to learn a variety of techniques to engage and motivate young people with complex histories.

Once appropriate cases are identified for an AIM 2 assessment and intervention, this work will be undertaken by a Youth Justice Worker and a Social Worker from the long term area teams in a co-working relationship.

The allocation of cases will be done via the Social Care weekly Case Management meetings and new cases will be presented by the Screening Team Manager. If the area teams do not have any Aim 2 trained social workers available with capacity, it will be the responsibility of the Long Term Assistant Service Manager to hold discussions regarding transfer of case to another area. Once a Long Term Social Worker has been identified it will be the responsibility of the Long Term Assistant Service Manager to ensure interface with the Youth Justice Service Manager.

Staff undertaking Aim 2 Assessments and Interventions will receive supervision from their line managers. Both the Youth Justice and Social Care Long Term Team Managers will receive Aim 2 Team Manager training in relation to the management of this type of assessment and work. In addition clinical supervision will be provided to co-working pairs from James Lang Consultant Forensic CAMHs Psychologist. James Lang will also lead a bi-monthly consultancy group, which all trained staff will be expected to attend. This will provide case discussion, ongoing training and research updates.

The Aim 2 Assessments will be written up by both the youth justice worker and long term social worker and recorded on CareFirst. The signing off of the Aim 2 assessment will be done by the Long Term Team Manager.