North Ayrshire Child Protection Committee

Multi Agency Guidance for Children and Young People With Problematic Sexual Behaviours

September 2011

Risk Management for Children and Young People with Problematic Sexual Behaviours; A Multi Agency Framework and Protocol, was written by Christine McCarlie, Independent Social Worker & Consultant and was launched by North Ayrshire Child Protection Committee in November 2008.

This guidance has been revised and further developed by the Managing Risk, Meeting Needs sub group of North Ayrshire Child Protection Committee.

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Preface

North Ayrshire Child Protection Committee is the primary vehicle for strategic planning of child protection policy and practice across North Ayrshire. The Committee recognises the strong links between child protection and youth justice and has established a Managing Risks, Meeting Needs Subgroup with the primary remit of implementing *Getting It Right For Children and Young People Who Present a Risk of Serious Harm* (Scottish Government 2008).

Protecting children and young people is a key priority for organisations and agencies in North Ayrshire. Where particular vulnerabilities are identified, it is all the more critical that agencies work together to assess need, manage risk and achieve positive outcomes for these children and young people.

This guidance has been developed in recognition of the need to plan, develop and deliver services which meet the challenges presented by a particular group of children and young people: those who display problematic sexual behaviour.

Equality and Diversity

North Ayrshire Child Protection Committee promotes equal access and opportunities to all individuals. All partners are committed to treating people respectfully, fairly and equally and to tackling discrimination in all of it's forms. No one should be discriminated against on the basis of race, ethnicity, disability, sexual orientation, religion, gender or age. All partners within the Committee value diversity and actively challenge discrimination and prejudice. Service users should be listened to and respected and should have access to services which are fair, consistent and accessible to everyone, irrespective of their race, ethnicity, disability, gender, age, religious belief or sexual orientation.

Purpose of guidance

This guidance has been produced for use by staff across all agencies working with children and families in North Ayrshire. It aims to provide a framework for all agencies to work together effectively to meet the needs of children and young people who present problematic sexual behaviour. This fits within the *Getting It Right For Every Child* agenda. Where a young person meets the criteria for consideration via Multi Agency Public Protection Arrangements (MAPPA), then MAPPA provisions would take precedence over this protocol.

Definitions

A **child or young person** can be defined as follows:

(i) a child who has not attained the age of sixteen years
(ii) a child over the age of sixteen years who has not attained the age of eighteen years and in respect of whom a supervision requirement is in force

Children (Scotland) Act 1995

Defining **problematic sexual behaviour** is very complex. The boundaries between what is abusive, what is inappropriate, and what is part of normal childhood or adolescent experimentation can often feel blurred. Professionals' ability to determine if a child's sexual behaviours are developmentally normal, inappropriate or abusive will be based on issues around knowledge about healthy and problematic behaviours and about issues in relation to informed consent, power imbalance and exploitation. To assist in identifying behaviours as problematic, see Appendix One.

Legislation

The following legislation has relevance to working with this group of young people:

- Antisocial Behaviour etc (Scotland) Act 2004
- Children (Scotland) Act 1995
- Children's Hearings (Scotland) Act 2011
- Civil Evidence (Scotland) Act 1998
- Criminal Law (Consolidation)(Scotland) Act 1998
- Criminal Procedure (Scotland) Act 1995
- Children Act 1989
- Children and Young Persons (Scotland) Act 1937
- Civic Government (Scotland) Act 1982
- Criminal Justice (Scotland) Act 2003
- Education (Additional Support for Learning) (Scotland) Act 2004
- Education (Scotland) Act 1980
- Human Rights Act 1998
- Intensive Support and Monitoring (Scotland) Regulations 2008
- Looked After Children (Scotland) Regulations 2009
- Management of Offenders (Scotland) Act 2005
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Misuse of Drugs Act 1971
- Protection of Children and Prevention of sexual Offences (Scotland) Act 2005
- Rehabilitation of Offenders Act 1974
- Sexual Offences Act 2003
- Support and Assistance of Young People Leaving Care (Scotland) Regulations 2003
- Sexual Offences (Scotland) Act 2009
- The Arrangements to Look After Children (Scotland) Regulations 1996
- The Secure Accommodation (Scotland) Regulations 1996

Principles

The principles upon which this guidance has been developed are:

1. The best interests of the child are paramount.

2. Adults shall take primary responsibility for identifying and managing the risk displayed by those children and young people with problematic sexual behaviour.

3. Children and young people with problematic sexual behaviour will be acknowledged as being children first and their behaviour viewed as secondary to that.

4. Risk management can only be effective when undertaken within a holistic assessment of need and risk, based upon Getting It Right For Every Child arrangements and taking into consideration factors such as gender, developmental stage and learning capacity.

5. The needs of children and young people who are affected by sexually problematic behaviour directed towards them from another child or young person are acknowledged.

6. Staff should be fully supported in their practice with this complex and challenging group of children and young people.

7. Intervention is based on learning from research and case reviews and this is viewed as an ongoing learning process.

8. The risks and needs presented by this group of children and young people are best met through multi agency assessment, planning and intervention processes, and no single agency should take decisive action without first considering the contribution of other agencies.

Objectives

The primary objectives of this guidance are as follows:

1. To promote collective responsibility for responding to the needs of children and young people with problematic sexual behaviour.

2. To provide a framework for clarity around behaviour and its context.

3. To assist in the development of shared language, terminology and understanding.

4. To promote consistency of practice.

5. To help dispel anxiety in staff responding to children and young people with problematic sexual behaviour.

6. To reduce opportunities for further victimisation.

7. To improve outcomes for children and young people with problematic sexual behaviour.

Introduction

The management of children and young people who present a risk to others is a major concern and an area of priority for the Scottish Government and Local Authorities. The SWIA/ HMIC report following the tragic killing of Karen Dewar highlighted that effective risk management measures must be put in place. This includes a coordinated approach on the part of youth justice, child welfare, education and health.

Approaching problematic sexual behaviours and their inherent risks can invoke a real anxiety in professionals across disciplines. This can result in a lack of clarity about roles and can leave workers feeling powerless to respond to their responsibilities in the management of risk.

There is growing evidence that children and young people who commit serious offences have experienced trauma in their lives. This is in the form of sexual abuse, physical abuse, significant family stressors, such as domestic abuse, or traumatic life experiences such as the loss of a parent (Bailey, 1996; Boswell, 1997, 1999). These persistent and serious offenders have also been shown to have multiple and overlapping difficulties including problematic drug misuse, mental health difficulties, school and family difficulties (Whyte, 2001).

This guidance contains a Risk Management Framework and Protocol, developed by Christine McCarlie, which assists in making risk more tangible and thus enabling professionals to employ strategies for effective risk management.

The Risk Management Protocol is a multi agency means to manage risk more effectively. It requires the key agencies involved in risk management to meet regularly on a case by case basis to manage, evaluate and monitor risk as assessments and long term interventions are undertaken. It also provides a structure to improve the identification, risk assessment, planning for and management of children and young people with problematic sexual behaviour.

Getting it right for every child is at the heart of the Government's approach to children and young people. *Getting it right for every child* is about improving outcomes for children and making sure that all agencies respond appropriately to needs and risks. It provides mechanisms for identifying and planning how we help children and young people. It seeks to improve services and measure the

impact they have on a child's well-being as expressed through the eight Well-being Indicators.

It directly supports work to achieve many of the agreed National Outcomes, such as ensuring that our children have the best start in life, and our public services are high quality, continually improving and responsive to people's needs.

Thus, this risk management framework and protocol should be utilised in accordance with the GIRFEC arrangements in place in North Ayrshire. Every child or young person with problematic sexual behaviour will have a risk management plan as set out in *Getting it Right For Every Child.* This plan will be subject to close scrutiny through the risk management review process and will be revised accordingly to reflect the dynamic nature of risk.

Children and young people with problematic sexual behaviour

Identification

There are current discrepancies in terminology, definitions of sexual behaviours and models of intervention. Confusion and disagreement over definitions and approaches can severely weaken the ability of the systems working with children and young people to intervene and can seriously undermine referral, assessment and treatment processes. (Morrison, 2004)

It is therefore crucial that agencies coming together to plan and implement services for children and young people with problematic sexual behaviour recognise the need to develop multi agency operational definitions of problem sexual behaviours.

Children and young people with problematic sexual behaviours are not a homogenous group. There are distinct sub groups each with their own treatment needs. (Worling, 2001, Johnson, 2004) The diversity should be seen as a key organising theme that can help support effective approaches to all children and young people who present with problem or abusing sexual behaviours. (Hackett, 2005)

This diversity applies to:

The wide range of sexual behaviours that children and young people can display, such as the nature of behaviours, degree of force, motivation, level of intent, level of sexual arousal, age and gender of victims, but also to broader developmental issues relating to the age of the young person, their family and background experiences, their intellectual capacities and their stage of development. Young people with learning difficulties are a particularly vulnerable and often neglected group who may need specific types of interventions.

While the identification of problematic sexual behaviours is a difficult task facing all professionals with child care responsibilities, Appendix One and Two can assist professionals in determining the need to refer to Social Work as well as assisting Duty Workers and Managers within Social Work determine the relevant processes thereafter.

Categorising behaviour also has significant benefits in helping workers understand routes in to, and the meanings of different behaviours. It therefore helps to target interventions more effectively. For example victim awareness and victim empathy would not be major components to working with children and young people with reactive behaviours but would be essential for children with abusive behaviours. Anger management may be crucial to a young person with abusive behaviours while attachment repair work might form a significant part of work with a young person with extensive mutual behaviours.

In considering the type of sexual behaviour it is important to consider what negative effects it has on any of the parties involved and what concerns it raises

about the child or young person. It should be recognised that some behaviours may be motivated by information seeking but still cause significant upset or damage to others. It may also be that the behaviour is a re-enactment of sexual situations that a child has been exposed to. Generally the younger the child who is displaying problematic sexual behaviours the more likely it is that they have or are being exposed to some form of sexual behaviours. (Pithers and Gray, 1993)

Therefore, while the term problematic is clearly too vague it encourages consideration about treatment for a wide range of sexual behaviours and thus promotes early interventions and more effective outcomes. After behaviours are agreed to be problematic it is then essential to explore the particular type of behaviours being exhibited and to label this more accurately to ensure the right kind of treatment intervention.

Many children and young people who present with problematic sexual behaviours have histories characterised by multiple abuse and disadvantage. (Friedrich, 1995, Hudson & Marshall, 1995, Ryan, 1999)

The relationship that can exist between the young person's trauma experiences and their behaviours can be very complex and both may share a variety of similar trauma/anxiety cues.

Research presents multiple pathways to the development of problematic sexual behaviours. Knight and Sims-Knight's study (2001) of several hundred young people with problematic sexual behaviour shows all of them to have experienced some form of trauma. Friedrich (2003) in his study using the child sexual behaviour inventory identified the following four factors as being predominant features in the lives of children with problematic sexual behaviour:

- Family adversity
- Modeling of coercion
- Modeling of sexuality
- Vulnerable/predisposed child trait

Assessment

There are critical and important differences between adult and child populations. Given the rapid developmental changes during childhood and adolescence any risk tools used should be re-evaluated after a period of at most a year or following significant social, environmental, familial, sexual, affective, physical, or psychological change. (Worling, 2001)

In understanding the assessment of risk, it is important to consider the probability of the event or concern in question and its likely or actual consequences. In consultation with other key agencies, decisions should be reached on the basis of:

- The seriousness of the behaviours

- The vulnerability of the child/young person
- The accumulation of information
- The source of concerns
- The context in which the child/young person is living
- Any predisposing factors in the family that would suggest unmanageability of risk

While sexual behaviours can be harmful in their effects on others, sometimes there is no intention on the part of the young person to hurt others. Many children do not coerce others into sexual behaviours but act out their confusion on them. These children may have no insight into their own and others rights to privacy. On the other hand some young people may have committed serious sexual offences and will continue to present a risk to others. Consideration of the level of intent to cause hurt or harm can assist in the process of behaviour analysis.

Some children and young people with problematic sexual behaviours will have distorted views about children and sexuality but many will not. Sexual behaviours may change as the young person develops into adolescence. Sexual gratification, for example, will become a more dominant feature. A thorough assessment should identify if this is a matter of concern as this has implications in determining future risk.

Assessment in relation to young people who have been placed on the Sex Offenders Register presents additional complexities. Registration brings different expectations in terms of compliance with national standards and these need to be taken account of during assessment.

Intervention

When Social Services are first notified of problematic sexual behaviours by a child or young person the need to proceed under Child Protection Procedures should always be considered.

It should be noted that the young person involved in the behaviours should be dealt with separately from the victim(s).

Most children and young people with problematic sexual behaviours have lived in confusing and hostile environments since birth. Their inner worlds have been corrupted in terms of how they view relationships and sex. While sex offender work challenges cognitive distortions, it will be internal working models that will inform problematic beliefs and resultant difficulties in cognitions those children and young people may have developed. Each child's internal working model will incorporate a sense of values and beliefs about themselves and others that informs their behaviours. It is therefore essential to explore and work on the child's internal working model to be effective in the longer term on risk reduction.

Young people may display a range of behaviours to meet a variety of needs. To be effective we have to intervene on the underlying needs being met by the

behaviours. Establishing meaning to behaviours not only identifies an intervention strategy it also helps to determine ongoing risk by being able to predict ongoing motivational factors that may continue to be around for a young person at any given time. It is therefore essential that assessment and treatment programmes reflect both the diversities of young people and their behaviours.

Interventions with this group of children need to be holistic, systemic and goal specific. (Hackett, 2004). The overall aim of intervention is risk management and psychological well being and this is most effective when children and adolescents learn to manage their sexual behaviours within the broader aim of learning to meet their needs in a socially acceptable and personally satisfying way. (Ward, 2004)

Interventions that are focused appropriately are likely to succeed in preventing further abuse. More recent studies show recidivism rates at between 3 – 14%. (Prentky, 2000). Another study showed a 5% recidivism following treatment within a six-year follow up period. (Worling and Curven, 2002) These figures are low and important to consider as there can be a tendency for professionals to over emphasise risk of recidivism concerning children and young people with problematic sexual behaviours.

Risk

It is recognised that the level of risk will vary considerably within the population of children and young people with problematic sexual behaviours. Some may present a serious risk requiring long term interventions and high levels of supervision, while the behaviour of others may be easily redirected and changed over a shorter period of time.

This protocol identifies a formal risk management process for monitoring and managing risk while assessments and interventions are underway. Any interventions with children and young people should start with a thorough risk assessment.

The information required to complete a comprehensive risk assessment includes:

Behaviours: nature of behaviours; processes involved; duration of behaviour; previous behaviours; (sexual and non sexual) ability and motivation to address the behaviours; victim awareness; victim empathy; attitude towards behaviours; risk awareness; and ability to utilise risk management strategies.

Developmental: past experiences particularly in relation to adversity e.g., experiences of physical/ sexual/ emotional abuse or neglect/ witnessing domestic abuse; health issues; physical or learning disability; learning difficulty; resilience factors; sexual development; emotional capacity; and social/ coping/ problem solving skills.

Family/ Carers: level of functioning; attitudes towards behaviours; insight into behaviours; risk awareness; general attitudes and beliefs; sexual boundaries and

capacity to manage risk, meet needs and promote behaviour change in child/ young person.

Other professional systems: Insight into behaviours; risk awareness and ability to contribute to risk management plan.

Environment: young person's access to actual/ potential victims; opportunity for further offending; child/ young person's safety in the community and wider supervisory and support network. Of particular relevance here are the associated difficulties in relation to the community response to a young person who is labelled as a "sex offender".

There are a number of tools to assist in assessing risk of future sexual offending and it is recommended that a tool is used as part of the overall comprehensive risk assessment.

AIM2 is a clinically adjusted actuarial tool for males of 12 to 18 years convicted of a sexual offence or where it is believed that the young person has been involved in problematic sexual behaviours. This tool embraces both dynamic and static elements. It is based on current research about young people who sexually abuse and is the most up to date risk tool currently available in the UK. While tools are scarce for younger children AIM also offers models for younger children and for young people with learning disabilities to determine the level of concern about their behaviours. These explore strengths and concerns continuums.

As part of the ongoing assessment of risk, any tool used should be repeated approximately every six months to a year, or when it is known that there has been, or is likely to be, a significant change in risk.

It has long been acknowledged by professionals working with children and young people with problematic and abusive behaviour that risk has to be viewed as fluid and dynamic in nature. (Ryan, 1999). It is therefore essential to consider the ongoing internal and external influences that are continually acting upon it. While it is sometimes necessary to describe risk as very high/serious, the risk management framework largely denotes risk as being more or less manageable. This leads to an exploration and consideration of the different factors that impact on it, naturally exploring the systems around the young person alongside considering their internal resources. This results in risk becoming a more tangible concept with workers feeling less anxious about it and more able to effect change.

The resource directory included at the end of this guidance highlights the range of tools currently being utilised within teams across North Ayrshire.

Responsibility

Responsibility, within a risk management context, is the role of the systems and the child/young person taking responsibility for managing the risk.

The overall aim of intervention is for the young person to be able to take responsibility for managing his or her own risk.

In the early stages of interventions, and based on what is known about the impact of trauma on child development, (Lyons- Ruth, 1996), this would not be the case. It is highly unlikely that a child or young person would have the capacity or internal resources to be able to take responsibility for managing their own risk. They have to learn this through a process of work that will involve gaining insights and learning new skills, all of which have to be evidenced in a range of settings. It may also include working with them on their own victimisation. The main responsibility for managing risk during the early stages of involvement has therefore to lie with the adult systems. This stance on risk and responsibility necessitates a joining with all the adults involved leading to a shared consensus of viewing risk and responsibility in this way.

The Process

The risk management framework helps to reflect the complex and dynamic nature of risk as the child/ young person goes through the process of being able to take responsibility for managing their own risk effectively. This process is most usefully considered in four phases:

Phase One

Risk reduction is largely via the systems and responsibility is owned by the systems and not the young person.

Aims:

- Engage the young person and the systems in the assessment process to determine needs, level of risk and capacity for risk management
- Identify and assess how the different parts of the systems are impacting on risk, making it more or less manageable
- Identify specific areas for interventions within the relevant systems to impact positively on the management of risk
- Within the assessment identify and formulate specific goals for individual work with the young person and the systems
- Utilise formal risk tool (e.g. AIM2)

Phase Two

In this phase the young person is engaging in specific work on their problematic sexual behaviours in order allow a more meaningful discussion to take place about risk. In this phase individual risk management strategies are introduced and rehearsed by the child and the system. The systems move from a learning stage to proactively working with the young person to meet their needs and assist them in skills development.

Aims:

- To assist the young person to take responsibility for past behaviours
- To explore the processes involved in problematic sexual behaviours and meaning of behaviours for the young person, and to reach a shared understanding about this within the systems
- To develop and rehearse strategies for managing risk with the young person and the environment
- To maximise the levels of support and intervention provided by the systems

The young person's progress in this phase would determine their ability to move to phase three. By the end of this phase it would be anticipated that the young person is becoming more responsive to interventions. The concept of risk becomes more meaningful. The explicit way in which risk is being discussed and managed means that the young person is ready for stage three where risk management becomes a shared ownership between the young person and the systems. This explicitness and the ability to move on to phase three can have a real motivational impact on the young person.

Phase Three

Risk is now being reduced by the ongoing work with the young person and the systems engagement in risk management. Responsibility for managing the risk is now a shared ownership between the young person and the systems.

Aims:
- Inform what factors impact on the ongoing manageability of the risk
- Engaging the child in work towards achieving all of their treatment goals
- Informed increasing and decreasing of external controls

This is a period of intensive ongoing work with the child through individual work and interventions being undertaken by the systems. By this stage the specific treatment goals are becoming achievable.

Within the living environment in particular there will be a joining with the child in negotiating and making decisions about risk on a day-to-day basis from an informed perspective. This would include:

- Anticipating situations or stresses in the child's daily life and formulating opinions about the child's ability to cope
- Formulating an opinion about how manageable the child's risk is, based on the above
- Being inclusive with the child in discussing the above and reaching a decision about risk
- Being confident in decisions about increasing and decreasing external controls
- Helping the child learn through reflective practice and coaching using actual situations (reactive) or through anticipating situations (proactive)

The expectations of the young person are equally different from phase one and two. In phase three it is anticipated that they are much more able to demonstrate in their day to day living that they are attempting to apply their learning to a more pro-social lifestyle. In particular it is anticipated that they are able to do the following:

- Engage in discussions about their emotions and feelings and how this might impact on risk
- Accept the fluid nature of the increase and decrease of external controls and their own internal processes
- Use the environment proactively to help them deal with challenging situations and emotions
- Continue to use situations as learning processes
- Accept the guidance and controls of their environment

Phase Four

In this phase it is important to use the identified individual goals to determine whether or not a young person can take responsibility for managing their risk.

It would be expected that the achievement of these goals (skills and insights) would be evidenced in different settings. Where this is the case risk is now reduced and the young person has the ability and increased awareness to manage their own risk where developmentally appropriate.

Aims:
- Systems to monitor and evaluate young person's ability to manage risk
- Systems provide additional short term supports as needed
- Preparation for ending and disengagement from any focussed intervention

The framework clearly places expectations on the systems both in terms of embracing responsibility for managing risk and taking a clear role in progressing a young person through a process of change. However there will be circumstances where this is not possible. For example a young person living with their birth family where there are enmeshed, unhealthy relationships, or a young person who has exhibited sexually abusive behaviours and is residing in their own tenancy. In these cases there are fewer opportunities to influence living environments and they are not necessarily able to accept responsibility for managing risk to the same extent. In these circumstances it would not be possible to use the systems, in particular the living environment, as intensively. In such circumstances the framework can be used to:

- Consider the extent and be specific about how they are helpful or unhelpful in managing risk
- Identify what parts of the system can be targeted for change
- Identify realistic areas for intervention
- Identify additional resources that would be useful / necessary to assist in managing risk

The advantages of the framework, particularly when applied to the risk management protocol includes the following:

- It highlights specific factors that impact on risk, thus making it easier to implement strategies to manage it.
- It recognises and utilises the crucial role that meeting needs has in relation to managing risk.
- It offers realistic expectations of the child/ young person and the risk they present dependant on where they are in the intervention process.
- It highlights the accountability and responsibility for managing risk promoting a shared responsibility amongst the agencies.

Risk Management for Children and Young People who are Accommodated

Understanding the context and relationship that exists between children and young people with problematic sexual behaviours and their living environment is highly significant in understanding and managing risk. Whatever the care context, (family home, kinship carer, foster placement, residential unit) there is an expectation that the adults will be proactive in preventing further problematic sexual behaviours and creating a safe environment. In addition children and young people learn many skills required to help them manage their behaviours through their ongoing life experiences, therefore interventions need to be considered through both a combination of one to one work and skills training being undertaken by significant adults in their day to day interactions. A child / young persons living environment therefore plays a pivotal role in the overall treatment plan to manage and reduce risk. A comprehensive assessment of the living environment, be that family home, kinship care placement, foster placement or residential unit, should be undertaken and this should run parallel to the assessment of the child/ young person. The broad areas to assess include:

- the adults understanding of the child/young person
- the impact of the living environment on the child/ young person's risk
- areas of strength and need in relation to capacity for managing risk
- any obstacles or risks or other factors contributing to the child/ young persons behaviours
- the identification of key goals for the living environment to work proactively with the young person to help them change their behaviours

It is important that, where North Ayrshire utilises external placements, expectations in terms of risk assessment and risk management are explicit and that all placements adhere to this guidance document. This needs to be incorporated when external placements are commissioned.

The following offers some guidance on risk management for children and young people who are accommodated. This is adapted from materials provided by The AIM Project, Toni Cavanagh Johnson and Farmer and Pollock's study (1998).

This is easiest thought about in three sections:

1. Wider Organisation
2. The Unit/ Foster Home/Living Environment
3. Direct work with the child/ young person

1. Wider Organisation

On a departmental level careful consideration needs to be given to placements and their appropriateness. Where resources are scarce and placements need to be made that are not ideal, clear and realistic and resourced plans need to be put in place to manage risk. Residential and foster carers should have clear guidance about policies and practice and the expectations of them in dealing with children and young people with problematic sexual behaviours. In addition they need to have adequate levels of external support and access to training. External managers for residential staff and foster carers should have a level of insight and understanding of the kinds of issues that staff and carers are dealing with when they are caring for children and young people with problematic sexual behaviours. External managers will have a crucial role in creating environments whereby carers can raise any concerns and discuss how issues relating to problematic sexual behaviours and risk management are impacting on them. Support is equally critical for kinship carers in helping them to understand the young persons behaviour and developing ways of managing such behaviour. Where carers feel positive, safe and supported they will be better able to create an environment that is safe and supportive for children and young people.

2. The Unit/ Foster Home/Living Environmemt

<u>Culture and atmosphere of living environment</u>

Carers need to consider if any aspects of the living environment are contributing to the child/ young person's behaviours. In addition consideration should be given to how the child/ young person's behaviours are impacting on other children and adults in the living environment. The dynamics and culture of the living environment can contribute to risk making it more or less manageable e.g. leniency over supervision, other children with particular difficulties, blurred boundaries, confusing messages about sex and sexuality.

The culture and philosophy of the living environment will set the atmosphere and hence influence what it feels like for children and young people living there. It is important for all carers to consider how sexualised their environment is and what boundaries are required to desexualise this environment. This would include considering the following:

- Access to sexual materials e.g. TV, computer, DVD's, mobile phone, magazines, posters etc
- The children/ young people's sexualising of the environment e.g. sexual banter, inappropriate language, play fighting of a sexual nature, dressing inappropriately or provocatively

- The manner in which sex and sexuality is discussed and how carers and residential staff relate to each other

Policies and Procedures

Policies and procedures and staff and carer knowledge of them should help to determine safe care and practice in placements and residential units. How these policies and procedures are evidenced in practice can make a difference to how children with problematic sexual behaviour are both managed and supported. For example:

Child Protection Procedures

Any concerns about problematic sexual behaviours should be carefully recorded and active consideration given to the appropriateness of initiating child protection procedures.

Equality and diversity

Children and young people with problematic sexual behaviours may have distorted views about their worth and the worth of others, particularly around gender issues. In addition power and control may be factors involved in their behaviours. They need strong, positive and sensitive role modelling as well as clear boundaries about acceptable behaviours.

Anti Bullying Policies

Both residential units and foster placements need to offer children and young people clear messages about the unacceptability of physical, verbal or sexual bullying. Guidance within anti bullying policies may help staff in managing these behaviours and can be transferable to the foster care setting.

Sexual Health Policy

Some units may have policies or procedures for dealing with sexual health and this can increase staff's confidence in dealing with sexual health issues.

Supervision and Observation of Children/ Young People

Regardless of the type of living environment particular attention has to be given to observation and supervision of children and young people with problematic sexual behaviours. Often this can be construed as a passive exercise, however, if this is to be effective it should be viewed as an action oriented task (Kevin Epps in O'Reilly 2004). It requires direct behavioural observation, recording and where necessary taking action in response to certain behaviours that have been identified as central to the risk of further sexual behaviours occurring e.g. play fighting. Adults responsible for supervision and observation need to know all the risk factors and what is expected of them. Effective risk management requires the level of observation to be made explicit in risk management plans. This may

range from simply knowing the location of the child or young person to them being within arms reach of adults at all times.

Information and Recording

It is important prior to the placement commencing that residential and foster placements receive all relevant information to assist them in their planning of how best to manage risk. It is of equal importance for effective risk management that staff and carers carefully communicate verbally and record relevant information about the young person's behaviours, needs, and risk on a day by day basis. Sometimes, due to lack of adequate recordings, vital information for understanding patterns of behaviours and risks is lost. It is helpful for staff and carers to log information that offer a clear description of the problematic sexual behaviours, what was happening before, staff/ carer interpretation of the behaviours, responses and outcomes.

Rules and Boundaries

Many children and young people with problematic sexual behaviours will have had their boundaries violated and may have great difficulty in recognising healthy boundaries. They can also have a lack of understanding of what they can expect from others regarding their rights to healthy physical, emotional and sexual boundaries. Placements with unclear rules and boundaries make risk less manageable by being easier to manipulate by children / young people who are motivated to engage in problematic sexual behaviours. Children and young people need significant adults around them to teach them about healthy boundaries and rules.

Particular attention needs to be paid to the following areas:

Bedrooms and sleeping arrangements:

Children and young people with problematic sexual behaviours may be unable to sleep in the company of other children. Decisions about sleeping arrangements should be informed by ongoing assessments of risk. Rules should be considered about access to bedrooms at times other than bed times. Where children are allowed into each others bedrooms supervision, monitoring and observation needs to be considered. For some children and young people it may be necessary to have a blanket ban on going into each others bedrooms.

Access to Multi Media:
With a growing number of websites and access to a variety of materials through TV, Internet, Mobile phones comes an anxiety about children and young people's access to adult materials and the potential for short and long term negative outcomes. For a small but growing number of young people multi media involvement has been a feature of their problematic sexual behaviours. Having TV's computers and DVD's in bedrooms can be problematic. Generally workers and carers need to consider effective monitoring of children and young people's access to multi media including mobile phones.

Dress Code:
Generally children and young people who are accommodated should know the rules about appropriate dress. This would include dressing gowns at bedtimes and coming from the bathroom.

Privacy:
Because many children and young people with problematic sexual behaviours experience confusion regarding their own rights to personal privacy they need particular guidance about respecting their own and other peoples rights to privacy of personal space as well as possessions.

Physical interactions:
Rules about touch need to be very clear to all staff, carers and children and young people. The importance of this is that it reinforces the message that everyone has the right to feel safe wherever they are living. Touch ranges from healthy to hurtful, from nurturing to damaging. Any actions that make others feel uncomfortable, encroach on privacy or are hurtful and harmful to others needs to be dealt with very quickly to prevent escalation. Physical touch through play fighting is often a touch that needs to be banned for children and young people with problematic sexual behaviours or bullying behaviours. Residential staff and foster carers need to consider how the basic need of touch is met within the living environment and how this is understood and communicated to children and young people.

3. Direct Work with Children and Young People

Most children and young people with problematic sexual behaviours will have significant needs in a number of areas in their lives e.g. self esteem, confidence, social skills, emotional awareness, problem solving and coping skills. Their assessments are likely to identify a number of treatment goals in relation to areas of skills requiring improvement that residential workers and foster carers can work on with the children/ young people. By enhancing children's skills and insights, staff and carers can significantly increase the child/ young person's ability to manage their behaviours.

The children and young people for whom this protocol applies should be engaged with a worker/ agency providing individual intervention addressing their problematic sexual behaviours. However it may be necessary for carers and residential staff to also be addressing behaviours as they are occurring in the living environment. The following provide some useful guidelines:

- Decide with the child/ young person on how to refer to the problematic sexual behaviours
- Prioritise the behaviours that need to be changed
- Agree with the young person and the professional team around them how these behaviours will be managed
- Help the child/ young person to identify and understand triggers

- Encourage the young person / child to seek help if they are wanting to engage in the behaviours
- Be proactive in potential risk situations
- Use verbal reminders and cues
- Validate and respond to a range of overwhelming emotions and experiences
- Make time to discuss progress with the child/ young person
- Use praise
- Share information with the other adults in the living environment and the risk management team

Risk Management in Schools Settings

School settings can be particularly important environments for children who have stressful and difficult home lives and can aid significantly in fostering resilience in children. The majority of children and young people with problematic sexual behaviours can be educated and managed within a school setting.

Effective management of risk should not be separated from identifying and meeting the individual child's needs particularly in relation to the development of skills required for more appropriate interactions.

The education setting has a crucial role to play in modelling and promoting the development of skills to improve these areas for children and young people and thus can greatly assist in making risk more manageable. Poor peer relationships can be a significant factor for young people with problematic sexual behaviours and teachers can work to ensure that children have the opportunity to have positive interactions with peers.

School settings can also provide opportunities for achievements, this being important to a child's self esteem and self efficacy. (Bandura, 1997, 2008) They can also help children and young people learn social skills and problem solving skills. Extracurricular activities can provide these experiences as well as academic achievements. This can all contribute greatly to a child's positive sense of self, and help create mind-sets which are open to possibilities of change and growth, rather than being fixed. Rutter et al in their extensive study of schools and resilience found teacher behaviour to be important. Children needed to feel that they could approach teachers with their personal problems. (Rutter, Maughan, Mortimore, Ouston, Smith, 1979)

The management of problematic sexual behaviours in school needs to be considered on a whole school basis as well as on an individual level with the child or young person. (Adapted from Carol Carson and the Aim Project)

Whole School basis

To assist in the effective management of risk the following should be considered on a whole school basis.

- The culture and ethos of the school should reinforce positive behaviours and respect for others and create an environment that encourages children to tell if someone is doing anything to them that makes them feel uncomfortable.

- Incorporation of problematic sexual behaviours into other school policies such as bullying, equal opportunities, child protection. This aspect of behaviour would not then be seen as something separate from the overall work of the school.

- Training for staff increasing their understanding in: the development of problematic sexual behaviours; different types of behaviours; risk; risk management and needs of children and young people with these behaviours.

- Contact points for advice and support for staff. This may be the School Child Protection Co-ordinator, Educational Psychologist or the Quality Improvement Officer (Inclusion).

- Ensuring a clear knowledge of procedures.

- The regular reviewing of the physical structure of the school to identify areas where sexual behaviours may occur and strategies put in place to make them safer. Often it is the same areas where children bully other children.

- The identification of children and young people with problematic sexual behaviours to key personnel within the establishment. This will often include ancillary staff.

Protection of children targeted

Specific arrangements need to be made to ensure that any children who have been targeted feel safe. This should be done in conjunction with their families. Their views on how to feel safe should be sought and considered. Arrangements may need to be made to move a child to a different class or year group. Individual work and support needs to be offered to the child.

Communicating with Parents

Discussions should take place between Education Staff and Social Work as to best methods of communication with parents.

Education Management Decisions

Once it has come to the attention of the school that a pupil has been implicated in behaviour that potentially presents a serious risk to others, a meeting would be normally be convened under the following circumstances:

- Where the Education Authority deem it likely that the child will require an immediate exclusion or transfer to another education establishment due to the extent of their problematic sexual behaviours

- Where specific decisions cannot wait for timescales within Child Protection Procedures

- Where a child or young person has transferred from another authority with a previous history of problematic sexual behaviours but no current child protection procedures are required

In considering the need for exclusion or transfer it is important to take account of the following:

- Whether the problematic sexual behaviours occurred in the school setting

- Where the behaviours did not occur in the school setting, but the victim attends the same school

- The views of the victim and his or her family

- The known risks of further occurrences happening in the school

- Whether complaints have been made previously against this child by parents or other children

- The school's ability to provide adequate supervision and support to manage risk while enabling the child to continue with his/her education. This would be informed through ongoing risk management meetings either through child in need or child protection systems.

It is important to remember the significant role that education plays in the life of a young person, both in terms of their wellbeing and development and in terms of their future life options. Every effort must be made to ensure that all young people receive educational support in a way that best meets their needs.

Decisions to exclude or transfer children or young people should ideally be made as part of a multi agency discussion.

Where a child or young person has been excluded from their education placement there must be robust ongoing assessment to minimise the length of time the young person is excluded and immediate attention given to how this young persons educational needs can be met.

Anticipated outcomes of meeting

The meeting should consider both whole school issues and the individual pupil profile, leading to the development of a plan to manage the identified risks and to meet needs. The outcomes of the meeting should include:

- Minute of meeting to include decisions and recommendations, with copies to education management, including Partnership Forum and/or Resource Allocation Management Group where there is a resource issue

- Key school staff made aware of issues and plans

- Risk management plan agreed for the school placement

- School link person nominated and agreed

- Agreed date for review of plan

Individual level: Managing Risk and Meeting Needs

Effective management of risk cannot be separated from identifying and meeting the individual child's needs particularly in relation to promoting the development of skills which will lead to more appropriate behaviours. The education setting has a crucial role to play in this and therefore can greatly assist in making risk more manageable.

Managing Risk

Every young person's behaviour and risk needs to be considered separately and informed by a risk assessment. However it is possible to identify some general strategies that can be used for managing risk:

- Discussing the behaviours in a meaningful way with the child.

- Articulating clearly the behaviours that are not acceptable.

- Being clear about the times and places where behaviours have happened and targeting resources in an attempt to reduce risk.

- Employing behaviour management strategies that include boundaries and consequences.

- Observation and analysis of the child to inform ongoing assessment of risk.

- Supervision and monitoring. Agree with the child the areas that he or she is allowed to go, for example, at break and lunch times. This may need to start with close supervision.

- Use of positive behaviour strategies.

- Liaison with other agencies and family on a regular basis.

Meeting needs

Specific strategies that schools can use to meet needs are as follows:

- The development of individual programmes, for example, on problem solving, communication, social skills and sex education. Most children and young people with problematic sexual behaviours have significant needs in these areas. A young person's level of skills and insights into these areas can offer part of an overall risk prediction.

- The development of safe boundaries. Many young people with problematic sexual behaviours need adults to take control of managing their risk until they are able to do so themselves. The setting of clear and safe boundaries can be both supportive and helpful.

- Dedicating the time and attention of a significant adult in the school. This could be a class teacher or someone from guidance / pastoral care.

- Identifying specific activities to help children develop new skills.

- Giving assistance to help them integrate with other pupils and form healthy relationships.

Risk Management

Risk Management Protocol

The Protocol offers a multi agency means to manage risk more effectively. It requires the key agencies involved in risk management to come together for an **Initial Risk Management Meeting** where a multi-agency support plan is identified. The team undertaking this will meet regularly thereafter on a case by case basis to manage, evaluate and monitor risk as assessments and long term interventions are undertaken. These meetings are called **Risk Management Reviews** and those professionals involved in the multi agency support plan are known as the Risk Management Team.

All agencies involved with children and families share responsibility for identifying any concerns about children's well-being, including children and young people with sexually problematic behaviour. Where such concerns are identified, agencies must refer the concern to North Ayrshire Social Services. Social services have the lead responsibility for the implementation of the Risk Management Protocol. The effectiveness of the protocol will however be determined by the ability of agencies coming together to share the responsibility for the management of risk.

At this stage it is critical to identify whether the child or young person is affected by a learning disability or learning difficulty. If so, the Operational Manager,

Children Affected by Disability, should be alerted and invited to contribute to planning, discussion, assessment and intervention.

In relation to whether housing services may be relevant to include, contact should be made with the Serious Offender Liaison Officer, Nicola McQuiston, based within Anti Social Behaviour/Community Safety Service (ASB/CSS) at Heatherhouse Industrial Estate, Irvine.

For procedural guidance refer to flow chart appendices 6, 7, and 8

Where the child in question is subject to an initial child protection conference and placed on the child protection register, the risk management process will be conducted through the Core Group system. (See Appendix 9 for guidance to Case Conference Chairs)

Where the decision is not to proceed to child protection conference or not to register, the risk management protocol should be applied under vulnerable children and young people best practice guidance.

The Initial Risk Management Meeting

Whilst the Practice & Performance Team within Social Services has the lead responsibility for convening and chairing Risk Management Meetings and Reviews, it is of vital importance that key professionals from other agencies prioritise attendance at these meetings. A typical risk management meeting would include the relevant Social Work Manager and allocated worker(s), parents/ alternative carers, educational services staff, police and a member of the CAMHS team if involved. Consideration should always be given as to whether the young person is affected by any disability or learning difficulty. If so, the Operational Manager for the disabilities team should also be invited. In relation to whether housing services may be relevant to include, contact should be made with the Serious Offender Liaison Officer, Nicola McQuiston, based within Anti Social Behaviour/Community Safety Service (ASB/CSS) at Heatherhouse Industrial Estate, Irvine.

This meeting will identify the following:

- A worker/s to undertake the initial risk assessment (for guidance on initial risk assessment see Appendix Three)
- Accommodation and educational requirements
- Immediate risk factors
- Agreed immediate risk management strategies
- A Risk Management Team and respective roles and tasks
- An initial child's plan
- A date and time for the first Risk Management Review.

Decisions in terms of current school placement will be made separately by Head of Service (Education & Skills)). The section entitled, *Risk Management in*

School Settings detailed earlier in this document, provides guidance in this regard.

Where the young person is thought to have a degree of learning difficulty, the initial risk management meeting must consider seeking clarity from health services as to whether the young person may have a diagnosable learning disability or not. Further, as part of the initial assessment process, assessing how any disability or difficulty may impact on the young person's cognitive processes and their capacity to make sense of their world, is fundamental. This is much broader than considering any learning disability and includes exploration of all additional support needs and barriers to learning.

The avenue of exploring whether a child or young person may have a diagnosable learning disability must always be explored due to the possible protective benefits this may offer. Not only will this help to inform intervention and ensure this is tailored to the needs of the individual young person, but it may also offer a level of legal protection, for example, via Adult Support and Protection procedures or via mental health legislation.

Risk Management Reviews

The first Risk Management Review will:

- Act on information provided by the initial assessment. This will include reviewing and revising immediate risk management strategies
- Plan a comprehensive risk assessment, identifying the respective roles and tasks of the Risk Management Team
- Begin the process of a developing a team understanding of the pathways to the young person's behaviours, their needs and risk
- Review and update the child's plan

In addition the Chair will:

- Revisit and reaffirm the purpose of the risk management protocol and the principles underpinning the effective management of risk
- Determine the frequency of Risk Management Reviews.

Where a comprehensive assessment is being undertaken there should be a Risk Management Review both during and at the end of the assessment to assist in the short term management and monitoring of risk.

Meetings thereafter will be convened at regular intervals dependant on risk and stage of intervention. There needs to be some degree of flexibility. Meetings should be considered when it is anticipated that risk will become higher, e.g. Christmas, other holidays, birthdays, Children's Hearings. Additional meetings may have to be convened at short notice where there are unforeseen escalations in risk.

At every Risk Management Review, the child's plan should be reviewed.

Ongoing Structure of Risk Management Reviews

The Child/ Young Person

- Identify, where possible, a behaviour and risk analysis

E.g. Thomas has been involved in behaviours that indicate that they are abusive. His victim was substantially younger than him. He followed her to a secluded place and used force and intimidation. Thomas has witnessed years of domestic abuse and has been physically abused. In the absence of being able to develop close relationships with both peers and adults Thomas seems to use violence and aggression as a means of trying to connect with people. He has a history of aggressive sexual behaviours and uses aggressive and sexually threatening language to adult females. At present, until he can engage in work and evidence skills and insights, he needs to be considered a risk to anyone he perceives as more vulnerable than he is – in particular children of both sexes and adult females.

- Identify current access to victim/s or potential victims
- Identify strengths and concerns and explore how this will impact on risk on a day to day basis making risk more or less manageable
- Identify strategies to manage risk clearly identifying roles and tasks of those present
- Identify specific long term aims for the child/ young person and current progress

E.g. Aims for Thomas:

Behaviour Specific	Behaviour Related
• Engagement in work • Ability to discuss behaviours with significant others • Taking responsibility for past actions • Insight into behaviour processes • Risk awareness • Skills in risk management/ relapse prevention • Develop skills in empathy	• Ability to identify and express feelings • Increased coping/ problem solving skills • Ability to cope with anger in particular • Reduced antipathy towards females • Processing of some life experiences • Development of healthy relationships • Increased confidence and self esteem • Positive sexuality • Positive aspirations

The systems

- Identify all the systems and the core skills and insights that they require to effectively manage risk
- Identify how the systems can enhance their own skills in relation to the above and how they assist the young person in meeting aims. Identify core tasks and agree on how best this can be evaluated
- Identify and assess present and ongoing factors in the environment that will impact on the manageability of risk and identify specific areas for intervention to manage risk
- Explore and develop an integrated behaviour management strategy
- Identify and agree on communication systems
- Summarise and agree immediate risk management strategies in terms of roles, tasks and responsibilities
- Agree next Risk Management Review date

E.g. Aims for systems:

Behaviour Specific	Behaviour Related
• Insight into problematic sexual behaviours • Ability to discuss the behaviours with the young person • Adequate levels of risk awareness • Risk management strategies • Behaviour management plans • Structure consistency, supervision, rules, clear boundaries	• Insight into young persons needs • Ability to view the child or young person holistically and meet needs • Safety • Coaching, reflective role

Decisions and responsibility for managing risk is a shared process. Disagreements should be explored in terms of how this will impact on the manageability of risk. Strategies should be identified to minimise this. From all Risk Management Reviews a multi-agency risk management plan will be identified and this will include roles, tasks and responsibilities of all those attending the meetings.

Further meetings should commence with a risk analysis:

E.g. Thomas's risk since our last meeting has become more manageable on the basis that we have been able to provide increased levels of supervision and have reduced his opportunities to have any unsupervised access to other children. His aggression and anger levels have not however diminished and he has a LAC review next week. It is likely that his mother will fail to attend and this will have a detrimental impact on him. It is likely that for a period before and after his panel his risk will increase. We will need to look at any additional support that can be offered to Thomas during this period. Maybe we need to look at the team's role in preparing Thomas Mum and ensuring her attendance. Thomas is less resistant to

engaging in work. This is a positive sign and it is possible that if his review is a positive experience for him he will say he will participate in work.

All Risk Management Reviews should be clearly recorded. Copies of the minute sent to all the participants and should be retained alongside the overall plan for the child. (See pro forma – Appendix 5)

Training and Staff Support

Working with children and young people with sexually problematic behaviour is a complex and challenging task for all staff.

It is therefore critical that staff are fully supported through mechanisms such as:

- access to relevant training
- formal supervision
- peer support
- support following exposure to explicit material such as evidence heard in court
- learning from practice

Training

Multi agency training specific to this protocol has been developed by Christine McCarlie. The training assists in raising awareness and increasing knowledge across the disciplines. It promotes the development of shared language, terminology and understanding in order to maximise the effectiveness of the Protocol's application to practice.

This training is available on three levels:

Level One: Attended by all staff across agencies with responsibility for working with children and young people

Areas covered:

Overall philosophy of interventions; the development of problematic sexual behaviours in children and young people; different types of behaviours exhibited by children and young people; risk management

Level Two: Attended by staff undertaking assessments and direct work

Areas Covered:

Engagement; assessment; long term interventions; working with families; working with other systems; impact issues

Level Three: Attended by managers responsible for supervising staff working with children and young people with problematic sexual behaviours

Areas Covered:

Supervision; risk management; impact issues; risk management protocol

Support

Staff require regular supervision from their line manager to provide a safe and supportive place to reflect on this work and the impact it can have.

Supervisors should help to identify and access opportunities for staff to attend training and conferences in relation to this area of work and encouraged to develop this as a particular area of interest.

Staff can also access external consultancy services for specialist advice and guidance and for personal support.

North Ayrshire Social Services regularly commission consultation sessions with Christine McCarlie in order to support staff involved with this work. In order to access this support, staff should contact Liz Nickerson of the Programmes Approach Team. The sessions are open to all members of the child/young person's Risk Management Team, with the exception of family members and the child/young person themselves.

Learning from practice

Where a published report contains learning in respect of working with this group of young people, the North Ayrshire Child Protection Committee Managing Risk, Meeting Needs Sub group will review the report and take forward any learning locally.

Consideration should also be given to ways in which practitioners working in this field can meet to share experiences and learn from each other.

Recommended Reading

Review of the Management Arrangements of Colyn Evans by Fife Constabulary and Fife Council
Scottish Executive (2005)

Children and young people who sexually abuse: New theory, research and practice developments
Edited by Martin C. Calder (2005)

Facing The Future: A guide for parents of young people who have sexually abused
by Simon Hackett (2001)

Understanding your child's sexual behaviour
by Toni Cavanagh Johnson (1999)

The handbook of clinical interventions with juvenile sex offenders
Edited by Gary O'Reilly, William L. Marshall, Alan Carr & Richard Beckett (2004)

What works for children and young people with harmful sexual behaviours
by Simon Hackett (2004)

Attachment and sexual offending: understanding and applying attachment theory to the treatment of juvenile sex offenders
by Phil Rich (2005)

Young people who sexually abuse: Building the evidence base for your practice
Edited by Martin C. Calder (2002)

The complete guide to sexual abuse assessments
by Martin C. Calder (2000)

Working with young people who sexually abuse: New pieces of the jigsaw puzzle
Edited by Martin C. Calder (1999)

AIM2: An initial assessment model for young people who display sexually harmful behaviour

A Greater Manchester initiative working with children and young people who sexually harm

The AIM Project: Guidelines for understanding and managing sexually problematic / harmful behaviours in residential settings by Carol Carson

Aim: An initial assessment and intervention for children under 12 years who display sexually harmful behaviour

A Greater Manchester initiative working with children and young people who sexually harm

Bandura, A. (2007) "Self Efficacy: The Exercise of Control", New York, Freeman.

Bandura, A. (2008) An agentic perspective on positive psychology. In S. J. Lopez (ed) Positive Psychology: Exploring the best in people, Vol. 1, pp 167-196, Westport, CT, Greenwood Publishing Company.

APPENDIX 1

Guidance Notes: Identifying Problematic Sexual Behaviours

Defining normal, problematic or abusive behaviours in children and young people can present difficulties for professionals with responsibility for protecting children. The uncertainty created can sometimes leave workers feeling powerless to respond to behaviours that concern them. This can then result in a failure to respond to the needs of both children displaying the behaviours and their actual or potential victims.

In considering the behaviours of younger children, American Psychologist and leading expert in her field, Toni Cavanah Johnson, has developed sexual behaviour checklists to assist in determining the nature of behaviours. This list describes behaviours indicating concern:

- A child showing an interest in, and knowledge of, sex outwith the developmental norm
- The sexual behaviours exhibited being significantly different from other children of the same age
- The child being unable to stop the behaviours after being told to do so
- The sexual behaviours eliciting complaints from others
- The sexual behaviors making adults uncomfortable
- Sexual behaviours that increase in frequency, intensity or intrusiveness
- When fear, anxiety, deep shame or intense guilt is associated with the behaviours
- Children who are engaging animals in sexual behaviours
- Sexual behaviours that are causing physical/emotional pain/discomfort to self or others
- Children who use sex to hurt others
- Anger preceding or following or accompanying sexual behaviour
- Children who use force, bribery, manipulation and threats

While Johnson's work concerns younger children, the above may be useful in considering the sexual behaviours of teenagers. However an additional aspect to teenage years is the onset of puberty. This is a stage of major social, emotional and physical change. These include physical maturation, experiences of sexual arousal and awareness of orientation, more complex peer interaction, and a greater autonomy around decision making. During this time adolescents need to synthesise a variety of experiences in order to establish a healthy sexual identity.

Because there is a wider range of sexual behaviours on display in adolescence it can be more difficult to determine what is normal and healthy and what is problematic. The following has been adapted from Ryan and Lane (1991).

Normal Adolescent Behaviours:

- Explicit sexual discussion amongst peers, use of swear words, obscene jokes
- Interest in erotic material and its use in masturbation
- Expression through sexual innuendo, flirtation and courtship behaviours
- Mutually consenting non coital sexual behaviour (kissing, fondling etc)
- Mutually consenting masturbation
- Mutually consenting sexual intercourse

Behaviours that Cause Concern:
(Showing escalation in seriousness)

- Sexual preoccupation/anxiety
- Use of hard core pornography
- Indiscriminate sexual activity/intercourse
- Twinning of sexual behaviours with aggression
- Sexual graffiti relating to individuals or which have disturbing content
- Single occurrences of exposure, peeping, frottage or obscene telephone calls
- Compulsive masturbation
- Persistent or aggressive attempts to expose other's genitals
- Chronic use of pornography with sadistic or violent themes
- Sexually explicit conversations with significantly younger children
- Touching another's genitals without permission
- Sexually explicit threats
- Persistent obscene telephone calls, voyeurism, exhibitionism, and frottage
- Sexual contact with significantly younger children
- Forced sexual assault or rape
- ·Inflicting genital injury

APPENDIX 2

Framework to assist in defining behaviours

(Adapted from Johnson 2000, and Worling, 2001)

Healthy Sexual Behaviour

Sexual exploration occurs alongside the healthy integration of emotional, social and physical development. It is a healthy and natural part of the whole repertoire of child and adolescent development. Where behaviours involve others they would be between children or young people of similar ages and by mutual agreement of those involved. The specific nature of the behaviours would vary and be dependant on age and stage of development. There would be no significant negative emotions involved with the behaviours. Should this not be the case or should the behaviours continue to be displayed in the presence of adults this may indicate that the child is developing more problematic sexual behaviour.

Inappropriate Sexual Behaviours

Not all children and adolescents with problem sexual behaviours will require the implementation of the risk management protocol. For some their sexual behaviour problems may be less serious. While this might include trying to engage others in adult type sexual behaviours or making lewd remarks to the discomfort of others there would be no intention to cause hurt or harm and, significantly, the behaviours cease when met with resistance.

For these children and adolescents there will be no significant trauma in their backgrounds and they may have secure attachments. However their living environments may not have provided them with the social learning experiences required to help them develop healthy and acceptable sexual and social behaviours. They may have a learning difficulty that has contributed to difficulties in assimilating information and responding to social cues. When challenged about the behaviours there may be some embarrassment but no acute experiences of negative emotions.

Often these children do not require specialist intervention. They do however respond well to clear instruction, guidance and coaching in relation to acceptable behaviours. In such cases a significant adult should be identified to undertake this work. This may be a parent, teacher or key worker along with support from the other systems involved such as Social Work and/or Educational Psychologist.

Behaviour indicating both the need for the protocol and more focused interventions

The work of Toni Cavannagh Johnson and James Worling is helpful in thinking about behaviour typologies and definitions that cover both children and adolescents with more serious behaviour problems.

Toni Cavannagh Johnson has written extensively about her work and research on under 12's with problem sexual behaviours. From this she has developed a clinically derived continuum of sexual behaviours providing a template for understanding the presentation of different types of behaviours of young children. This continuum categorises the more problematic behaviours into three groups: 1) sexually reactive; 2) extensive mutual; 3) children who sexually abuse.

Research (Friedrich, 2003) points us to the parents and the child's environment as being important in the etiology of a child's sexual behaviour problems. Because the home environment is often a significant factor in precipitating and sustaining the behaviours, working with the child parents or carers is essential. Generally children with sexual behaviour problems are trying to solve feelings of perhaps, confusion, anxiety, shame, or anger. These children need adults who will understand them and help them solve their problems.

Sexually Reactive Behaviour

These sexual behaviours can be abusive in their affect on others, however it is important to note that for the child displaying them there is no intent to cause hurt or harm. These behaviours can be done in the full view of others. There is no targeting or planning to the behaviours and recipients may be other children, adults or self directed. Sometimes these behaviours are outwith the conscious awareness of the child. They may be frequent but are easily stopped when the child is distracted. However, without further interventions, they are likely to re-emerge when the child feels anxious or under stress. The child may have been sexually abused or have been exposed to sexual behaviours at an age and stage when they have been unable to process this. The behaviours are often the child's way of trying to understand and work through what has happened to them. When the behaviours are brought to light feelings of shame, guilt and anxiety are often present but anger is not.

Extensive Mutual Sexual Behaviours

These children's behaviours are extensive and can include the full spectrum of adult sexual behaviours. The children tend to have been severely hurt by adults and often chronic neglect features strongly in their backgrounds. They have major attachment difficulties and are the most difficult group to engage with. They tend to be the least motivated to change their behaviours. Any coercion they may use with other children will be subtle, as they tend to engage with other children who are similar. The sexual behaviours are a means of meeting a whole host of unmet needs and are not linked with aggression or retaliation. These children can be blasé about discussing the behaviours as sex and sexuality have pervaded their thinking and therefore many aspects of it have been normalised by them.

Abusive

There are a small number of young children who engage in sexually abusive behaviours. Usually a growing pattern of sexual behaviour problems is evident in their histories. In the homes of children who abuse it is likely that they will have been exposed to boundary violations on a sexual, physical and emotional level. In our experience many of these children have witnessed domestic violence. Intense sexual confusion is a hall mark to their thinking and behaviour. Sexuality and aggression can also be closely linked. These children may use force, fear, intimidation, trickery to coerce another into the behaviour. The child's motivation for engaging in the sexual behaviours is to act out negative emotions towards a third person (parent/sibling) or to act out generalised negative emotions. (Johnson, 2006). It is not until adolescence that the issue of being able to control others becomes a further motivational factor.

Adolescents

While TC Johnson's descriptions of behaviours are associated with younger children, the categories help to consider motivation for the behaviour and the needs being met by some adolescents, in particular those for whom puberty has resulted in considerable confusion and distress in relation to processing past experiences.

James Worling (2001) identifies personality subgroups within adolescents who abuse. These subgroups are useful in identifying different pathways and motivational factors involved in the behaviours that in turn identify appropriate treatment approaches.

- Antisocial / impulsive
- Over controlled/ reserved
- Unusual/ isolated
- Confident / aggressive

In Worling's study (2001) the largest group represented young people who were antisocial and impulsive. It is important to note a high prevalence of childhood physical abuse within this group. Domestic violence also features highly in these children's lives. These young people tend to have high levels of delinquency and impulsivity. They are more likely to have a propensity for rule breaking and their behaviours tend to manifest higher levels of anger and aggression. Their sexual offending, at least initially and in part, may be more as a result of this propensity for rule violation rather than from a deviant sexual arousal. Therefore traditional relapse prevention models would not work terribly well without work on those treatment targets that have shown to be essential in the treatment of general delinquency. With repeated sexual offending deviant sexual arousal could become an important factor to work on in addition to the more general antisocial behaviours and attitudes. Within their intervention plan it is important to address their physical maltreatment. Presently is appears that trauma - specific cognitive – behavioural interventions are the most effective for this purpose.

Over controlled/reserved

Worling describes over controlled / reserved young people as endorsing of pro social attitudes but who are cautious about their interactions with others and have a tendency to keep their feelings to themselves. Their sexually abusive behaviours are often therefore developed within the context of an overall shy and rigid interpersonal style which makes it difficult for these young people to access more normative intimate relationships with peers. In contrast to the anti social group these young people are not likely to require an emphasis within treatment on general delinquency issues such as impulsivity or attitudes supportive of criminality. Rather they need to develop ways of emotional expression and appropriate social relationships.

Unusual/isolated

An important feature for adolescents within the Unusual / Isolated group may be their peculiar presentation and social isolation. The development and maintenance of a healthy and intimate sexual relationship with a consenting peer may be particularly problematic for these young people given their awkward personality features. Perhaps in addition to more traditional sexual offence specific treatment these young people need instruction in a number of basic social skills.

Confident/aggressive

In direct contrast the confident and aggressive group tend to have a much healthier interpersonal presentation and they can be described as confident, friendly and optimistic. They would not particularly benefit from intensive remedial work in basic social skills. On the other hand this group can also be described as aggressive and narcissistic: therefore the initiation of their sexual behaviours may at least in part be related to these issues. Successful interventions with this group may require that their aggressive and self centred orientation be targeted specifically in addition to sexual offence specific work.

APPENDIX 3

Guidance Notes: Initial Assessment

Martin Calder has written extensively about assessment and the following has been adapted from Calder and Goulding (2000)

Planning

The following are important considerations when planning an initial assessment:

- Philosophy of intervention
- Purpose of assessment
- Who is appropriate to undertake the assessment (this should include consideration of joint assessment by a worker from the disabilities team if the young person is affected by disability)
- What is the timescale for the assessment
- What information is required
- What will be the sources for obtaining the information
- Potential impact on the child/young person
- Potential impact on family

Purpose

The purpose of the initial assessment is to:

- Collate relevant information to assist in decision making processes about immediate risk and risk management. This includes consideration of risk in the home, community, school and extended family
- Collect details about the presenting problem behaviours and situational contexts
- Consider any predisposing factors for behaviours e.g. family background, parental attitudes
- Consider opportunities for repeat behaviours
- Identify immediate needs of the young person and other family members
- Consider level of co-operation from the family
- Consider need for legal mandate
- Consider needs for third party disclosures
- Identify areas and planning for a more comprehensive assessment

It is important that as early on in the process as possible the following key factors are considered:

- Access to victims and potential victims
- Developmental factors (history and stage of development)
- The family's level of co-operation with the assessment
- Family's views about behaviours and risk
- Family functioning and attitudes

- Exact nature of sexual behaviours (act, use of force evidence of planning, level of aggression)
- History of sexual behaviours (when they started, frequency, type and past responses)
- Level of stability in living environment
- Presence of any immediate risk factors (other behaviours)

During this investigation/initial assessment period it is important to be aware of the following:

· It is likely that the family will be experiencing intense feelings that may include, anger, shock, disbelief, fear. An assessment of their responses should take this into account. Often families are unable to engage meaningfully until they have processed and come to terms with information concerning their child. Initial contact with families has to be supportive as well as conducive to fact finding.

In the early stages of contact with young people and their families they seldom offer more information about the nature and type of sexual behaviours. Contact with other systems such as schools can often be helpful sources of information.

APPENDIX 4

Guidance notes to assist in decision making processes (adapted from Calder 2000)

Legal Mandate

The need for a legal mandate may be considered where:

- There is no support for interventions or there is collusion with the young person by the parents
- When there are indications of other behaviours particularly evidencing poor impulse control
- Where there is no stable home base
- Where drugs and alcohol are also involved
- Where the behaviours are of a serious nature and this needs to be reflected by formal proceedings
- Where violence and aggression is involved in the behaviours
- Where attitudes continue to support aggression and violence and problematic sexual behaviours

Staying at home or being accommodated

Placement decisions about a young person staying at home should take account of the following:

- Victims and potential victims living in household
- Level of co-operation by parents
- Level of sharing concern by parents
- Ability to work alongside agencies (openness, honesty)
- Level of culpability/ability to protect
- Risk awareness
- Ability to identify and meet needs
- Ability to employ risk management strategies
- Level of alienation of young person in family home
- Threats of retribution to young person
- Known history of abuse in family home

It is important to recognise that shock, denial anger and fear can all be normal initial responses allegations of problematic sexual behaviours. Usually decision making about the viability of a young person remaining at home would be informed by a longer and more comprehensive period of assessment where it is important to observe and assess change in family responses particularly in relation to the above.

Specialist Residential Considerations

- Community safety issues and nature of behaviours e.g. use of violence or weapons
- Compulsive patterns in offending history
- Degree and nature of substance misuse
- Degree and nature of previous delinquent/ aggressive behaviours
- History of unsuccessful community programmes
- Potential risk to others

APPENDIX 5

Risk Management Review Minute

This meeting was convened in accordance with the multi-agency framework and protocol for children and young people with problematic sexual behaviours.

Purpose:

- To share information to inform an ongoing risk management strategy
- To devise a risk management plan (child'splan)
- To clarify respective roles, tasks and responsibilities
- To set times for next Risk Management Review

Name of child/young person	
Date of Birth	
Present Address	
School/ Further Information/ Work	
Date of Risk Management Review	
Chairperson	
Risk Management Team Membership (name and designations)	
Apologies	
Exclusions from meeting (name and reason for exclusion)	
Past behaviours resulting in implementation of protocol	
Brief description of current behaviour	
List internal and external factors impacting on current behaviours and risk	
List risk management strategies and action plan to decrease risk	

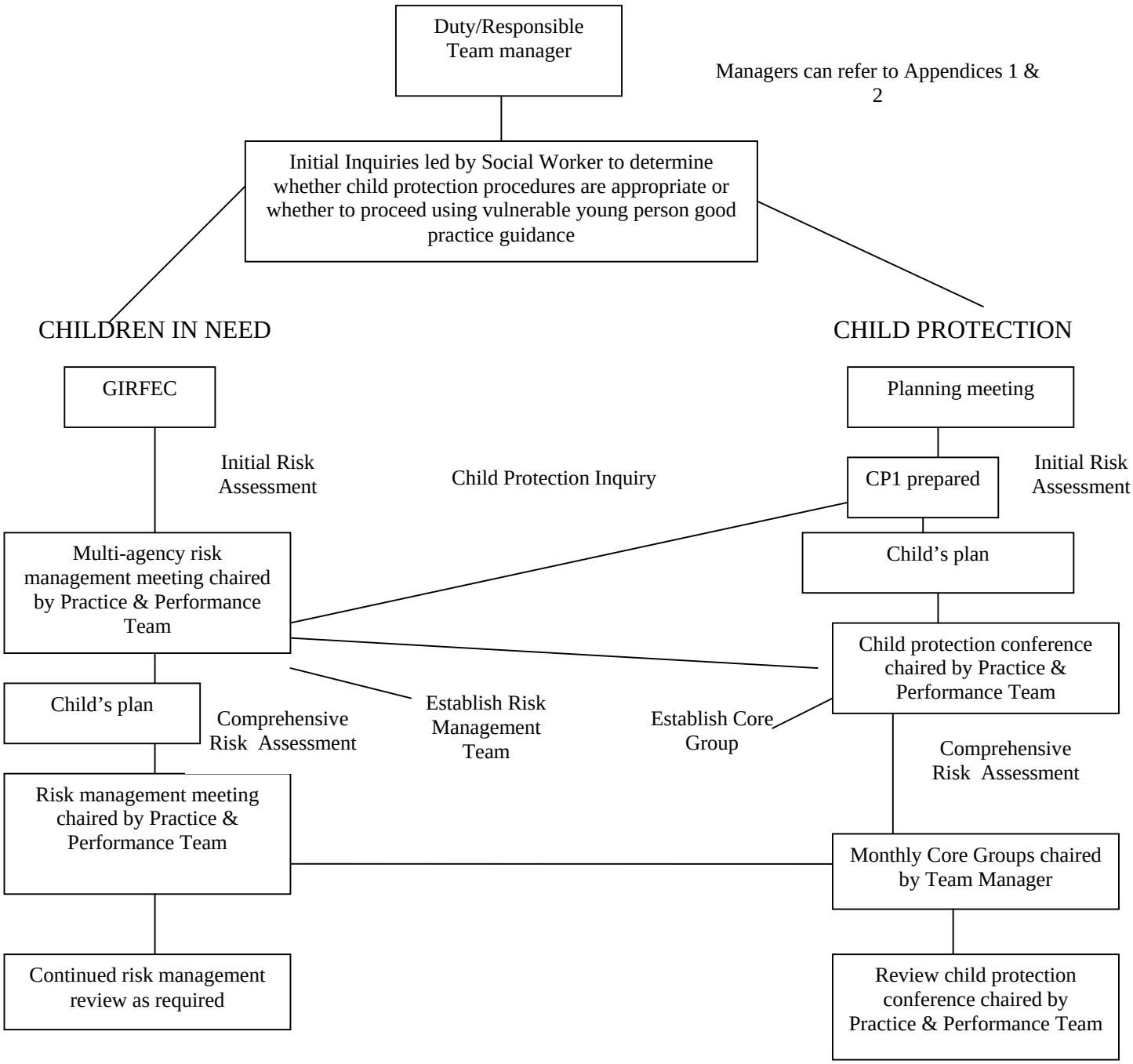
Dissent or disagreement with Review discussions or decisions

Name	Nature of Disagreement	Consequence

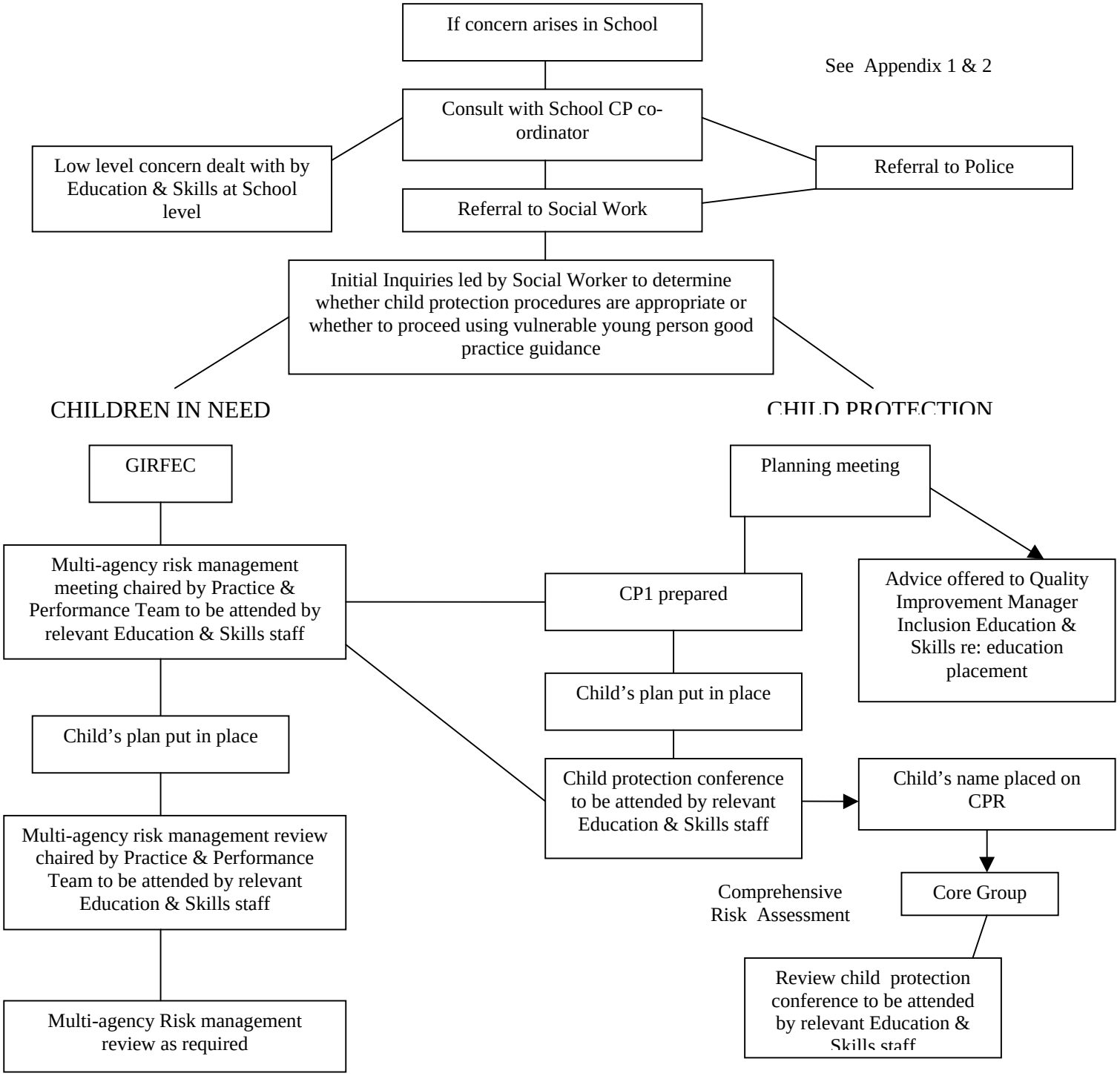
Chairperson's signature:
Date:

CHILDREN AND FAMILIES SOCIAL WORK

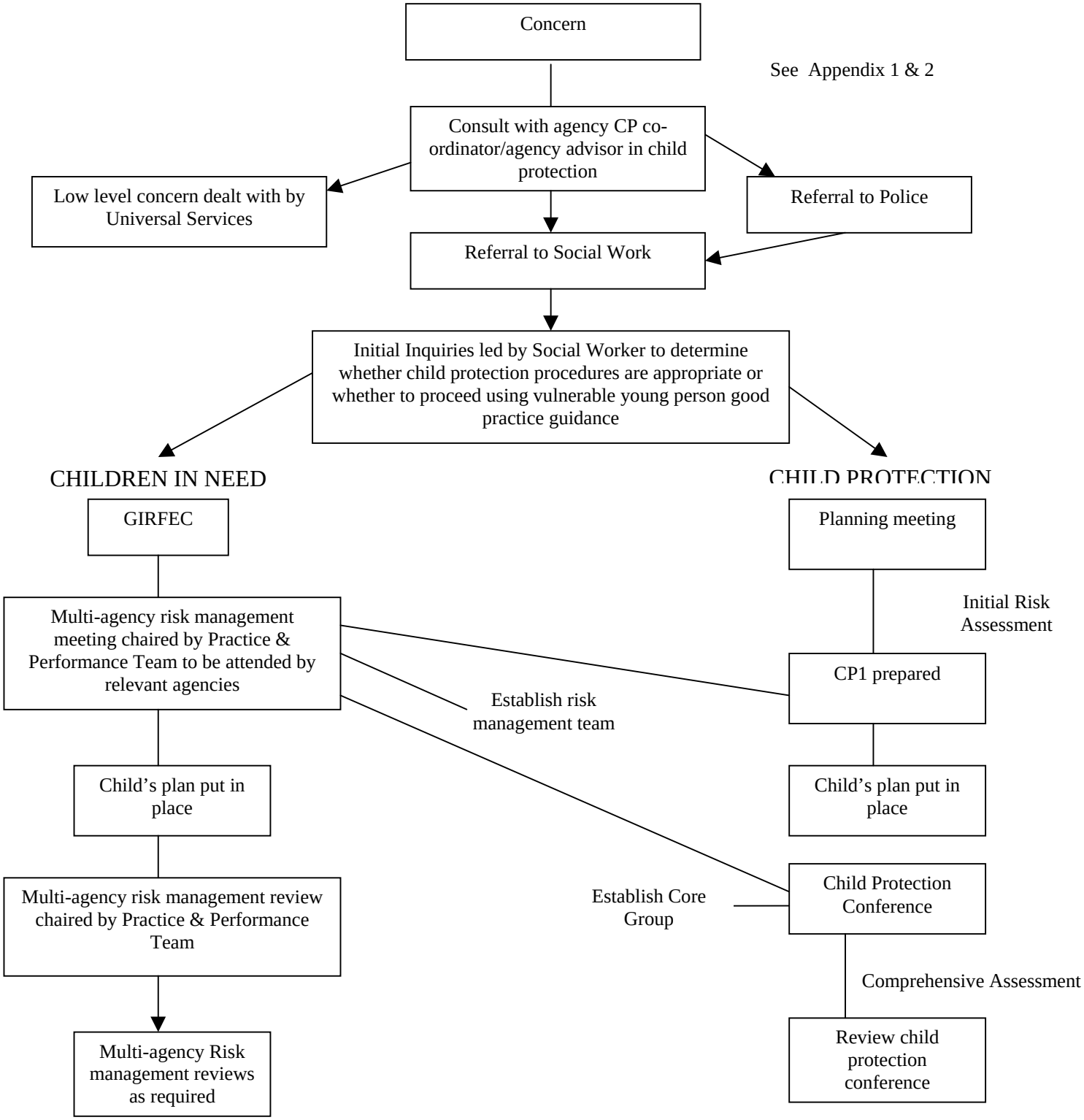
Sexual behaviour concern identified



EDUCATION & SKILLS



AGENCIES DEALING WITH PROBLEMATIC SEXUAL BEHAVIOURS



Resource Directory

Resources 1-5 are offered by the Programmes Approach Team

NAME OF RESOURCE	DESCRIPTION OF RESOURCE	WHEN IS IT USED?	HOW IS IT USED?	HOW IS IT REVIEWED?	OUTCOME
1. YLS / CMI – Youth level of Service – Case Management Inventory	Scoring tool for 12-17 year olds males which provides an assessment of future risk of re-offending, and need reflected case management inventory/ plan	When a young person is referred to the reporter on offence grounds. Guides interventions, and care plans.	Completed by Social workers when an offence referral is received by the children's reporter and a report is requested.	Should be re-tested when there are changes in circumstances and every 6 months	The YLS / CMI identifies domains which make it more likely that a young person will re-offend. These should then become a target for interventions. .
2. SAVRY – Structured Assessment of Violent Risk Youth	Assessment of violent risk in adolescents 12 – 18 years old.	Where there is either an offence of a violent nature, or there are concerns about the potential of violence.	The tool is to assist in structuring assessment of Violent risk. To be completed by trained staff, at the point where is a significant concern regarding the (violent) behaviour being currently presented or the potential risk of future violent behaviour.	At the point where there is a concern regarding the presence of violent behaviours or the likelihood of it.	The SAVRY identifies domains which increase the likelihood of future violent behaviours. These should then become a target for interventions.
3. ASSET	Assessment of future risk of re-offending, and case management inventory/ plan, ASSET takes into consideration a comprehensive range	As an additional assessment/ not as a replacement to the YLS/ CMI. Where there is a need for further information.	ASSET is, an Aid to the development of practice, aid to case management, aid to developing knowledge, aid to managing resources	Should be re-tested when there are changes in circumstances and every 12 months	The thorough and accurate completion of individual assessments will contribute to the development of the knowledge base. This will feed into strategic

	of factors				planning and decisions about resources allocation and improvements in services for young people
4. JSOAP Juvenile Sex Offender Assessment Protocol II	JSOAP is a Checklist to aid the systematic review of risk factors associated with Sexual and criminal offending. Designed for 12 – 18 males who have been charged for sexual offences as well as for those who have a history of sexually coercive behaviours.	Designed for 12 – 18 who have been charged for sexual offences as well as for those for who have a history of sexually coercive behaviours. Should be used as part of a comprehensive risk - assessment	Should be used as part of a comprehensive assessment, not in isolation. For adolescents boys 12 – 18. Who have been adjudicated for sexual offences, as well as nonadjudicated youths with a history of sexually coercive behaviour	Strongly recommended that the JSOAP be revised every six months. Should be revised more frequently when there are risk relevant changes that have occurred in the young mans life.	JSOAP is designed to facilitate risk assessment and risk management. It can also be used for informing and guiding treatment and risk management decisions.
5. Young persons Drugs worker	Drugs/ and Alcohol workers providing a specialist role in assessment and delivering interventions to “high risk” young people 12 – 18 years old	All young people referred to YPST, PAT or Rosemount will be assessed by appropriately qualified staff. Assessing their substance misuse and its impact upon subsequent behaviours, many of which will be high-risk behaviours.	The service can be accessed through the ARG.	Young people’s substance misuse will be assessed as part of other on going comprehensive assessments and re-assessed as appropriate or where there are significant changes to young peoples circumstances.	That all young people referred to high level services will have an assessment of their substance misuse as standard. Thus informing interventions and care plans.
5.a) Drug Use Screening Tool (DUST)	Screening Tool used to identify the need for further assessment/interventi	When a young person has been identified as potentially being	Completed by Drugs Workers within Youth Strategy Services. Young person would	If the screening result shows no need for further assessment then they could be	The DUST identifies areas of risk which would inform the decision to assess

	on regarding substance use	adversely affected by their own substance misuse	be referred via Area Resource Group forum. Upon completion of screening a decision regarding a need for further assessment would be made.	screened upon re-referral. If screened as needing further assessment then no need to review screening.	fully. It looks at three domains in identifying risk and strength. The main conclusion to be reached by the tool is regarding the requirement for further intervention.
5.b) Substance Use Assessment	Assessment of current/recent (as well as historical) drug and/or alcohol use	When young people have been screened via DUST as in need of full assessment	Completed by Drugs Workers within Youth Strategy Services in collaboration with the caseholder where applicable following the completion of DUST. The young person would have been referred via ARG forum and will be reviewed there if complex need identified.	With drug and alcohol use being a particularly dynamic activity assessment is always ongoing though a formal assessment could be conducted every 12 weeks which could identify patterns or changes.	The assessment will have identified the areas of concern and in turn informed the level and direction of intervention. Strengths and supports will also be identified which should be built upon. Support could be offered by specialist workers directly and/or indirectly via advice/guidance to allocated worker.

Resources 6-16 are offered by Ayrshire Crossover Project

NAME OF RESOURCE	DESCRIPTION OF RESOURCE	WHEN IS IT USED?	HOW IS IT USED?	HOW IS IT REVIEWED?	OUTCOME
6. Crime Pics II Assessment Tool	Measures the risk of re-offending.	Used at initial appointment to assess appropriate modular programme required to meet criminogenic needs	Assessment requires response from young person to a list of questions which measure attitudes, anticipation of reoffending and victim awareness	Three monthly reviews or at relevant stage of modular programme, internal supervision and regular update of Service Plan on Internal E-Aspire System	The assessment tool results in a score which can identify low, moderate and high risk of reoffending. The score is specific to 5 areas of risk. This informs intervention.
7. General Offending Module	Examines what constitutes an offence, looks at the differences between the Children's Hearing and Court Systems and provides factual information on consequences and risks associated with involvement in offending behaviour.	Initial module completed by all young people referred to the Crossover project	Requires young person to look at their own behaviours and situation to enable them to make informed choices over continuing to be involved in offending.	Module, on average, takes 6 sessions to complete however this is dependant on young person's commitment and capability. This module can be revisited at any stage of the intervention.	Provides factual overview of Youth and Adult Criminal Justice Systems, offending and potential consequences to enable young person to make informed choices regarding their behaviours.
8. Victim Awareness	Examines who is a victim and encourages recognition of and empathy with victims of criminal activity	Intervention based on offending profile of young person.	Module examines who is a victim, looks at how victims are created, and examines the individuals moral	This module is session based and will continue until the young person is able to fully understand the concept of	Aims to promote understanding of the effects of victimisation in order to reduce bullying and intimidating

	and abusive behaviours.		reasoning through examination of bullying and abusive behaviours and through increased awareness aims to promote empathy with victims of criminal and/or abusive behaviours.	behaviours which victimise others as well as empathising with the feelings experienced by victims.	behaviours by the young person. Increased victim empathy results in a reduction in Crime Pics Assessment Score
9. Anger, Violence Control Management	Examines the difference between Passive, Assertive and Aggressive Behaviours. Looks at the individual triggers for anger and aggression and provides strategies to enable the young person to reduce the likelihood of conflict and violence.	Modular programme based on young persons individual offending profile	Individual sessional programme based on the young persons personal experiences of anger related behaviours.	This modular programme is session based and the length of the intervention is dependant on the young person's levels of aggression or violent behaviours.	Through increased awareness of personal triggers to anger, the young person is encouraged and more able to use appropriate responses to avoid or reduce the potential for involvement in conflict or violent behaviour.
10. Alcohol and Substance Misuse	Examines the risks and links between Alcohol and/or Substance misuse and offending behaviour.	Modular programme based on young persons individual and alcohol or substance misuse related offending profile	Through self assessment the young person is encouraged to examine their personal Alcohol and/or substance use and recognise the link to offending and risk	Alcohol and/or Substance misuse is reviewed through the use of DUST Assessment, personal inventory or personal reduction plans which are managed by the	Increased awareness of the risks and potential hazards associated through alcohol and substance misuse and an increased awareness of the link between alcohol and

			taking behaviour.	young person and reviewed weekly .	substance related behaviours. Where applicable personal reduction plans are agreed and implemented.
11. Young Men and Offending	Examines the role and image of young men in today's society	Modular programme which encourages young men to examine their attitudes and perceived role in today's society	Through self examination highlights positive attributes and values and promotes inclusive and respect based principles and values.	A short focussed intervention suitable for those young men who have few or no positive male role models available reviewed though Crime Pics assessment internal supervision and regular update of Service Plan on Internal E-Aspire System	Increase in aspirations and awareness of positive opportunities
12. Car Crime	Specific intervention for young people involved in Car Crime	Modular Intervention for young people involved in Car related offending	Examines the reasons for the young person's involvement with car related offending, through discussion allows the young person to recognise the potential dangers to self, other road users and pedestrians. Module provides factual information on	Success of intervention measured through reduction in car related offending .	Reduction of risk to offender, road users and general public and increased road safety awareness.

			legal consequences and financial implications for future.		
13. Gang Crime and Territorialism (including Sectarianism)	Individual or group based modular programme for young people involved in gang fighting.	Modular programme which examines the links to gang related offending, sectarianism and attitudes and values	Examines what constitutes a gang, codes relating to gang involvement and similarities between opposing gangs. Explores why young people become involved in territorialism and looks at the impact on the individual and the local community	A short focussed intervention aimed at challenging attitudes related to territorialism and sectarianism through the promotion of respect and tolerance.	Increased independence and ability to form own opinions.
14. Racism	Individual module for young people who have been involved in Racism related offences or who display and/or promote racist attitudes	A modular programme which challenges perceptions of other races and cultures as being inferior.	Examines the origins of the young persons beliefs and through discussion aims to dispel fears and misunderstandings surrounding members of ethnic societies. Promotes tolerance and respect through the identification of similarities and commonalities.	A short focussed programme which challenges perceptions through education reviewed though Crime Pics assessment internal supervision and regular update of Service Plan on Internal E-Aspire System	Increased tolerance and respect for a diverse society.
15. Ross Programme for Young Women	Groupwork programme for young women involved in offending	Groupwork sessions for young women of similar age and offending profiles who	Promotes thinking and problem solving skills by looking at problems from a	Groupwork programme aimed at promoting relationships and	Improved behaviours and independence of thought. Reduction in offending behaviours.

		would benefit from a mid range intervention	young women's perspective. Develops moral reasoning through discussion and the use of scenarios.	assisting young women to identify and develop their chosen role in society.	
16. "Use yer Heid"	Modular programme aimed at low tariff offenders of a younger age.	Individual sessional programme to develop thinking, negotiation, listening and problem solving skills. Aimed at young people involved in minor offending or anti-social behaviours	Through the use of discussion and media examines the skills required to reduce conflict, improve social skills and opportunities	Individual programme incorporating the use of modern media applications to encourage participation aimed at reducing the young person's involvement in minor offending and anti-social behaviours through increased self awareness and self esteem.	Reduced levels of offending, increased educational attainment, improved self esteem and confidence and increased aspiration for the future.

Ayrshire Change Project (Children & Young People) utilise the following resources

NAME OF RESOURCE	DESCRIPTION OF RESOURCE	WHEN IS IT USED?	HOW IS IT USED?	HOW IS IT REVIEWED?	OUTCOME
17. **ERASOR Estimate** of **Risk** of **Adolescent Sexual Offence Recidivism**	Empirically guided checklist designed to assist practitioners to estimate the short – term risk of sexual offending	For individuals aged 12 -18 who have previously committed a sexual offence	ERASOR provides a detailed manual of coding instructions for 25 risk factors (16 dynamic and 9 static) falling into five categories. 1. Sexual Interests, attitudes and behaviours 2. Historical sexual assaults. 3. Psychosocial functioning 4.Family/Environmental functioning 5. Treatment	Assessment relies largely on dynamic factors which are amenable to change. The level of risk should be assessed either with the passage of time (No more than a year) or the emergence of a significant development in the adolescents' life.	The ERASOR identifies factors which make it more likely that a young person will commit a sexual offence. These factors should then become a target for interventions in order to reduce this likelihood.
18. **MEGA** – **Multiplex Empirically Guided** inventory of ecological **Aggregates** for assessing sexually abusive children and adolescents	MEGA is a risk assessment tool which attempts to define sexually abusive youth, assess and estimate risk for sexually abusive behaviour, guide treatment planning and make evaluations of the young person over	For all individuals under the age of 19 irrespective of gender or developmental ability. Caution should be used when using this tool to assess the under 12's, making sure to be mindful of age and stage of development.	MEGA uses 7 ecological domains measuring risk and protective factors and their relationship to sexual risk of recidivism. It attempts to consider the interaction between each of the 7 domains in order to	This assessment tool can be used when the young person is first convicted of an offence in order to quickly establish the level of risk. After more information becomes available about the young person the tool can be used again to re-	The authors of this tool consider it important to arrive at a definition of harmful sexual behaviour. Comprehensive assessment of sexually abusive youth is dependant on having specific inclusive definitional criteria to identify

	time for improvement. MEGA is in the process of being cross validated.		formulate an understanding of sexual risk.	assess.	what is being assessed. It is important to have a protocol that does not assume that characteristics of adult sex offenders will be reflective of sexually abusive youth.
19. **G-MAP Framework**	A guide for comprehensive assessment and individual work with a young person who has sexually harmed based on the "good lives model" by Tony Ward.	When there are concerns about the young person's (age up to 18) sexual behaviour. Can be used with females but might need to be adapted slightly. Young person does not have to have been charged with a sexual offence.	GMAP provides a framework in which practitioners can construct an individual programme to suit the young person's needs. Requires 16 weeks for a comprehensive assessment. The four assessment domains are 1. Offence Specific 2. Developmental 3. Family/carers 4. Environment	Ongoing review of progress throughout the assessment	After 16 weeks the assessment should provide the practitioner with a guide for future areas of work. Strengths in each of the domains should also be considered.
20. **AIM2 Model of**	An initial evidenced	AIM2 should be used	The AIM2 model uses	Depending on the	A particular benefit of

Initial Assessment	based tool that considers both the level of supervision that is required for an individual and their developmental and intervention needs.	only after it has been established that the young person has sexually harmed. It is only for young men of mainstream educational ability aged between 12 and 18 years.	"level of supervision" in order to differentiate those who scores indicate they are (based on research) most likely to commit further abuse from those who are less likely. This model seeks to identify an individuals needs through a number of static and dynamic factors. A focus of intervention based around the dynamic factors scored will seek to lower the young persons presenting risk.	young persons circumstances the assessment can be redone after 6 months. If there are no significant developments then re assessment is recommended after 12 months.	this model is its scope to identify an individuals needs. Targeting those areas which have scored highly ensures that any intervention undertaken is getting to the root of the problem. Whilst it is recognised that this model is an "initial assessment" it should be noted that interventions with young people can take some considerable time, in some cases up to 2 years.

Criminal Justice Services use the following resources

NAME OF RESOURCE	DESCRIPTION OF RESOURCE	WHEN IS IT USED?	HOW IS IT USED?	HOW IS IT REVIEWED?	OUTCOME
LSI_R/YLS/RA3/RM 2000	Risk Assessment tools	At Social Enquiry Report stage for Court	Social Worker completes at SER interview	Annually through Probation/Throughcare review process	To assess risk of re-offending/harm and influence level of service and type of service which can be offered to the Court
Programme Approach Team	Programme work for young people who offend	If a young person is made subject to a Probation Order at Court or if released on Parole/Non Parole Licence	As part of an action plan or licence conditions	Through formal Probation/Throughcare review process	Through programmes which work toward reducing re-offending
Crossover Project	Programme work for young people who offend	If a young person is made subject to a Probation Order at Court or if released on Parole/Non Parole Licence	As part of an action plan or licence conditions	Through formal Probation/Throughcare review process	Through programmes which work toward reducing re-offending
Addiction Services	Service for offenders with drug alcohol problems	When a person is subject to Probation/Throughcare Licence	As part of an action plan or licence conditions	Through formal Probation/Throughcare review process	Through programmes which work toward reducing re-offending
Ayrshire Change Project	Service for young people involved in sexual behaviour	If a young person is made subject to a Probation Order at	As part of an action plan or licence conditions	Through formal Probation/Throughcare review process	Through programmes which work toward

		Court or if released on Parole/Non Parole Licence			reducing re-offending
Throughcare	Service for young people leaving the care system	If a young person is a care leaver and requires support to settle in the community and is subject to a Probation Order	As part of an action plan or licence conditions	Through formal Probation/Throughcare review process	To settle in the community and manage to comply with the Court Order
Criminal Justice Support Services	A supporting people service to assist with accommodation	If a young person requires support to settle in the community and is subject to a Probation Order	As part of an action plan or licence conditions	Through formal Probation/Throughcare review process	To settle in the community and manage to comply with the Court Order