Our Lady's Catholic College

Understanding and Managing Sexual Behaviours Protocol

Rationale

OFSTED's Review of sexual abuse in schools and colleges, June 2021, raised numerous serious concerns 'many instances of sexual harassment, including the pressure to share nudes and the sharing of youth-produced sexual imagery without consent, are going unrecognised or unchallenged by school staff. We are especially concerned that for some children and young people this is so commonplace that they see no point in raising it as a concern with staff.'

From this review OFSTED made seven recommendations to schools, at Our Lady's Catholic College we envisage this not just as a one off training but as a basis to change the culture within school and develop our preventative safeguarding curriculum, to educate our children about this abuse, to ensure they have the understanding, skills and confidence to acknowledge and report this form of abuse, safe in the understanding our staff will listen and promptly act on their lived experiences.

Advice to schools

1. A carefully sequenced RSHE curriculum, based on the Department for Education's (DfE's) statutory guidance, that specifically includes sexual harassment and sexual violence, including online. This should include time for open discussion of topics that children and young people tell us they find particularly difficult, such as consent and the sending of 'nudes'
2. High-quality training for teachers delivering RSHE
3. Routine record-keeping and analysis of sexual harassment and sexual violence, including online, to identify patterns and intervene early to prevent abuse
4. A behavioural approach, including sanctions when appropriate, to reinforce a culture where sexual harassment and online sexual abuse are not tolerated
5. Working closely with LSPs, in the area where the school or college is located, so they are aware of the range of support available to children and young people who are victims or who perpetrate harmful sexual behaviour
6. Support for designated safeguarding leads (DSLs), such as protected time in timetables to engage with LSPs
7. Training to ensure that all staff (and governors, where relevant) are able to:
    a. better understand the definitions of sexual harassment and sexual violence, including online sexual abuse
    b. identify early signs of peer-on-peer sexual abuse
    c. consistently uphold standards in their responses to sexual harassment and online sexual abuse

This protocol stipulates how all Our Lady's Catholic College stakeholders will identify, record and report sexual behaviours and how our team of designated safeguarding leads will thin form a 'RAMP' (risk assessment management plan), to ensure that the unharmed and harmed are supported through the trauma and interventions are put in place to ensure the incident never repeats.

Crucial to any incident of sexual behaviours is learning, any incident of harmful sexual behaviour is reviewed during the safeguarding team supervision and advice and guidance given to the Assistant Head teacher responsible for curriculum on how to enhance our preventative safeguarding curriculum. We acknowledge every incident will reveal learning points.

Identify

There are a number of ways anyone can make disclosures in school, we have signs around school displaying our safeguarding team, but in addition, any adult within the school building will listen to any disclosure, record and report.

We do appreciate pupils may not be able to do this verbally due to perceived embarrassment, SEN needs, anxiety etc, therefore we have an online reporting system (for adults and children) which is promoted in school via form time, assemblies, email and the QR code; this is displayed prominently around the school. Pupils also have an email address which can be accessed externally from school, where they can email any staff member in school. Around 50% of our safeguarding allegations don't come in directly, but our dedicated staff carefully watch for changes in appearance, behaviour and communication.

Signs including, but not exclusive:

Emotional signs

- Avoiding being alone with or frightened of people or a person they know.
- Language or sexual behaviour you wouldn't expect them to know.
- Having nightmares or bed-wetting.
- Alcohol or drug misuse.
- Self-harm.
- Changes in eating habits or developing an eating problem.
- Changes in their mood, feeling irritable and angry, or anything out of the ordinary.

Physical signs

- Bruises.
- Bleeding, discharge, pains or soreness in their genital or anal area.
- Sexually transmitted infections.
- Pregnancy.

If a child is being, or has been, sexually abused online, they might:

- Spend a lot more or a lot less time than usual online, texting, gaming or using social media
- Seem distant, upset or angry after using the internet or texting
- Be secretive about who they're talking to and what they're doing online or on their mobile phone
- Have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet.
- Children and young people might also drop hints and clues about the abuse

Record and Report

KCSIE (2020) states 'all staff have a role to play in identifying and responding to harmful sexual behaviours (potentially criminal in nature) and recognise through training that dismissing or tolerating such behaviours can risk normalising them. Their role includes how they make an initial response to the child/adolescent, reporting concerns to the identified lead person for these behaviours in their setting (usually the designated safeguarding lead) and recording accurately in accordance with their setting's formal child protection procedures.'

All staff receive training on accurate report writing as part of their annual update, all staff understand record keeping is an important part of safeguarding. Effective records can help identify patterns and concerns which might be missed if we didn't have systems in place. Every piece of information might be part of a bigger picture!

Staff know the information we record plays a vital part in safeguarding children. Although it has a safeguarding function, recording itself is more of a literacy skill. In training, staff analyse an incident report and state how it can be improved using the FACTS approach.

The Process for Initial Responses to Concerns

1. Stop the behaviour
2. Follow the school behaviour policy as appropriate
3. Record and report the behaviour to designated safeguarding lead (DSL) and the relevant Pastoral Support Officer (PSO)- directly on CPOMS (We use CPOMS as our safeguarding reporting tool in school, which prompts a number of questions on the 'new incident 'page. This enables us to track all incidents of sexual behaviours, looking for patterns in harmed, unharmed, setting, timing all of which feed in to the further learning from incidents.)
4. The relevant pastoral support officer (DSL trained) liaises with the DSL to decide if the behaviour is serious and requires an immediate referral to the MASH team, if this is the case **we do not interview** until discussion has taken place with CSC / police.

After necessary advice has been sought the PSO and or DSL:

1. *Speak to the child/adolescent to establish:*
    - Their view about what happened and why?
    - What understanding they have of, and what responsibly they take for, their actions?
    - Their willingness / ability to work on their sexual behaviours.
2. *Speak to the child/ adolescent who was targeted to establish*:
    - The impact on them of the behaviour.
    - How are they feeling about the other child/adolescent now?
    - What support/ action they require from staff. Both immediate action to safeguard them but also on an ongoing basis as to how they feel they can be kept safe.
3. *Informing parents and making referral*
    - The PSO and DSL jointly use 'The AIM Checklists for Adolescents' or 'The AIM Checklists for Adolescents with Learning Difficulties' (see appendix) to decide on the level of concern (normal, inappropriate, problematic or abusive/ violent) in each of the 8 areas (see document in appendix, with guidance).
    - Taking advice where necessary from the LA Safeguarding advice line, decision is made as to whether a referral to CSC / EHA is needed and when, how and by whom parents of both pupils will be contacted.
4. *Developing a RAMP*
    - If the checklist outcome is problematic or abusive / violent the RAMP (Risk Assessment and Management Plan) will be started.

RAMP (Risk Assessment and Management Plan) Process

The RAMP is formulated after a multi professional meeting has taken place, in conjunction with all stake holders, by the PSO and DSL. The DSL and PSO have revived the AIM training 'understanding and managing harmful sexual behaviours in education settings'.

It builds on the information gained through using the AIM Checklists and the Pattern Mapping and aids education staff to develop an effective, targeted Safety and Support plan to manage the risks posed and meet the needs of the child, who is the cause for concern. The RAMP framework helps to formulate plans that ensure the safety of all pupils/students concerned. In addition, the framework helps to reflect the complex and dynamic nature of risk which can change as the pupil / student receives interventions to enable them to manage their own behaviours rather than the risk simply being managed by the adults around them. The RAMP and agreed Safety and Support plans are uploaded onto CPOMS and shared with staff, if and when appropriate, to ensure that a pupil's right to confidentiality is maintained and information is being shared appropriately. RAMPs are only being completed for children / adolescents exhibiting harmful sexual behaviours, with separate Safety and Support plans being developed for the children / adolescents that have been subject to the harmful sexual behaviour.

See appendix for the full RAMP document to be completed, with fictional exemplar document. Full guidance for its completion can be found in 'AIM Education Guidance, 2021'.

1. The school / college should prepare a draft RAMP with how they understand the sexual behaviours and what they propose to do to support the individual concerned and keep them and others safe within the education setting.
2. Multi-professional meeting (if no other agency involved) to share information / assessments, discuss concerns and levels of risk and agree content of a draft RAMP. The parents and chlld / adolescent (dependent on age / ability) should be invited to the meeting.
3. School / college designated safeguarding lead (DSL) to prepare the RAMP based on the above discussion and share with professionals.
4. RAMP is finalised by DSL including the agreed timescales for review and then signed by all parties.
5. All participants to receive a signed copy of the finalised RAMP.
6. Review of the RAMP can be brought forward if concerns continue to increase and the safety and support plan does not seem to be effective.

The RAMP Format

Section 1

Section 1 of the format uses the AIM Checklists and Pattern Mapping to put the sexual behaviour in context and draw out key information with regard to the risk, such as who is most at risk, where the risk is most likely (setting) and when risk is most significant. The views of the concerns by other agencies, the child and their families are recorded in order to develop a shared consensus about the sexual behaviour. It also identifies what factors would increase or lower the concerns. This helps education staff to be specific about what they are looking out for, so that progress and reduction of risk can be more quickly identified and managed.

Section 2

Section 2 is the Safety and Support plan for the person who has caused the harm. It is important to meet the child's needs as well as managing the risk; it is often by meeting their needs or helping them to meet their own needs in a more normative, healthy way that the sexual behaviour is managed. The person responsible for undertaking or monitoring the tasks is named. This can be a parent/carer; the individual pupil; a member of school/college staff or another professional.

Section 3

Section 3 is the review of the RAMP, it Will be determined, by the individual circumstances, particularly by the police investigation and bail conditions, which can be subject in change. From a best practice perspective, if the timing of the review is not influenced by the above, then it is important that RAMPs are reviewed on a termly basis. Section 3 is the format for a review of the RAMP Safety and Support Plan. It should be used in conjunction with any ongoing recording of incidents on the AIM Checklist Recording form and the AIM Chronology form. It identifies progress on the plan and if any amendments need to be made, due to either progress made or further incidents and/or increased concerns. It also considers how well the child has responded to the plan. As with the original plan, it identifies actions and who will be responsible for these. It is also agreed and signed off by the relevant individuals. A date for a further review is then set, if required. If the RAMP is finalised, it records the date that this has happened, which is important to show that the work has been completed.

Managing Technology Assisted Harmful Sexual Behaviours

As part of safeguarding training at OLCC, staff received training on the risks associated with online space, such as

- Violent content
- Pornographic content
- Hateful content
- Adverts and spam
- Harassment
- Grooming
- Radicalisation
- Identity theft
- Online bullying
- Sharing nudes / semi nudes
- Harmful content
- Copyright infringement and Piracy
- Gambling
- Social networking and Gaming

Guidance for staff on identifying and managing concerning technology assisted harmful sexual behaviours are included within our Child Protection Policy and Online Safety Policy.
Training for all staff at OLCC on what action they should take is included in the school safeguarding training. All staff are clear that any direct disclosures by pupils of sexual harassment, sexual bullying via the internet and social media need to be taken seriously. Staff know how to input this information on CPOMS and if a child is at significant, immediate risk of harm to speak directly to the DSL or PSO.

Indecent Images or children (IOC) is the legal term used to define nude or semi-nude images and videos of children and young people under the age of 18. The sharing of indecent images of a child (including youth produced imagery) is a crime. We follow the following guidance document 'Sharing nudes and semi-nudes: advice for education settings working with children and young people' (Department for Digital, Culture, Media and Sport and UK Council for Internet Safety 2020).
In cases where there are concerns around children and adolescents sharing sexual images then any devices need to be confiscated and passed onto the police. The device should be turned off and placed under lock and key until the police are able to come and retrieve it. Adults should not view such imagery unless there is good and clear reason to do so. Wherever possible, responses to incidents should be based on what DSLs have been told about the content of the imagery. Decisions to view imagery should be based on the guidance below.
In many cases, education settings may respond to incidents without involving the police, for example where an incident can be defined as 'experimental' and there is no evidence of abusive or aggravating elements. The definition of experimental would be incidents involving the creation and sending of sexual imagery with no adult involvement, no apparent intent to harm or reckless misuse. These can further be subcategorised into:

- Romantic: incidents in which adolescents in ongoing relationships make images for themselves or each other, and images were not intended to be distributed beyond the couple.
- 'Sexual attention seeking': the phrase 'sexual attention seeking' is taken directly from the typology (Finkelhor and Wolak 2011) however, it is important to note that incidents within this category can be a part of normal childhood. A child or adolescent should not be blamed for taking and sharing their image.
- Other: cases that do not appear to have aggravating elements, like adult involvement, malicious motives or reckless misuse, but also do not fit into the 'romantic' or 'attention seeking' sub-types. These involve either adolescents who take pictures of themselves for themselves (no evidence of any sending or sharing or intent to do so) or pre- adolescent children (age nine or younger) who did not appear to have sexual motives or understanding.

The police may, however, need to be involved in some cases to ensure thorough investigation, including the collection of all evidence (for example, through multi- agency checks). Where there are abusive and / or aggravating factors, incidents should always be referred to the police through the local partnership Multi Agency Safeguarding referral pathway.

Aggravated incidents involving additional or abusive elements beyond the creation, sending or possession of nudes and semi-nudes. These can further be sub-categorised into:

- adult involved: adult offenders attempt to develop relationships by grooming children and young people, in criminal sex offences even without the added element of nudes and semi-nudes. The person being harmed may be family friends, relatives, community members or contacted via the Internet. The images may be solicited by adult offenders.
- youth only - intent to harm: these cases can arise from interpersonal conflict, such as break-ups and fights among friends, or criminal/abusive conduct such as blackmail, threats or deception, sexual abuse or exploitation by young people.
- youth only - reckless misuse: no intent to harm but images are taken or sent without the knowing or willing participation of the adolescent who is pictured. In these cases, pictures are taken or sent thoughtlessly or recklessly and someone may have been harmed as a result.

When an incident involving youth produced sexual imagery comes to the attention of any member of staff at OLCC

The following suggested procedures are taken from 'Sharing nudes and semi-nudes: advice for education settings working with children and young people' (Department for Digital, Culture and Media Studies and UK Council for Internet Safety 2020):

- the incident should be referred to the designated safeguarding lead or relevant PSO as soon as possible, via CPOMS (if significant risk of immediate harm speaks to the DSL/ PSO in person immediately)
- there should be subsequent interviews with the children involved (if appropriate).
- parents and carers should be informed at an early stage and involved in the process in order to best support the child or young person unless there is good reason to believe that involving them would put the child or young person at risk of harm.
- a referral should be made to children's social care and / or the police immediately if there is a concern that a child or young person has been harmed or is at risk of immediate harm at any point in the process.

NB: In most cases the sexual imagery should not be viewed by education staff, as this may be illegal and cause further distress to the child/adolescent.

Responses should be based on what the designated safeguarding lead has been told. If a decision is made to view the imagery this needs to be:

- Agreed with the DSL, following discussion and advice from the police.
- Done on school/college premises in the presence of at least one other person.
- Seen by a staff member of the same sex as the adolescent involved.
- A decision can be made by the headteacher and designated safeguarding lead to delete the material if they felt it would not require police involvement, however, they have to evidence and record that they had 'good reason' to do so.
- Ensure that the decision and actions are recorded on CPOMS.
- **It is illegal to copy, save, print or share the imagery.**

An immediate referral to Police or Children's Social Care should be made if:

- The incident involves an adult.
- There is reason to believe that the adolescent has been coerced, blackmailed or groomed or there are concerns about their capacity to consent.
- What is known about the imagery suggests that the sexual acts are unusual for the child or adolescent's developmental stage or are violent.
- The imagery involves sexual acts and any pupil in the imagery is under 13.
- You have reason to believe an adolescent is at immediate risk of harm owing to the sharing of the imagery, for example, the adolescent is presenting as suicidal or self-harming.

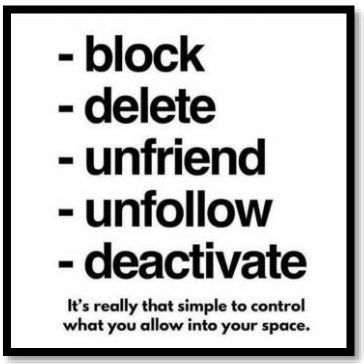
Following the initial meeting, if there is a need for ongoing support or risk management, a RAMP should be started.

Searching, screening and confiscation advice (DfE 2018)

This guidance from the Department of Education (2018) states what headteachers, school staff and governing bodies can and cannot do in relation to searching pupils/ students, seizing equipment and devices and even when deletion of images or files is appropriate.

Most searches of pupils will be done with their consent, but there is provision for searching without consent, however:

- There has to be reasonable grounds for the search.
- It must be done by or authorised by the headteacher.
- The adult searching the pupil / student must be the same sex as that pupil/student.
- There should be a witness present, also the same sex as the pupil/student.
- If an electronic device needs to be seized then the device needs to be turned off and placed under lock and key, before being handed over to the police to check if a criminal offence has occurred.



Intervention
Relationships and Sex Education and Health Education Regulations (2019), made under sections 34 and 35 of the Children and Social Work Act (2017), make Relationships Education compulsory for all pupils receiving primary education and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education.

The statutory curriculum makes it compulsory for pupils to be taught about online safety and harm and managing the impact of sexual imagery they are almost inevitably likely to come into contact with, either directly or through a third party. It includes being taught what positive, healthy and respectful online relationships look like, the effects of their online actions on others and knowing how to recognise and display respectful behaviour online. They need to understand the law relating to sexual imagery, for example, sharing nude images of anyone under the age of 18 between adolescents, even if they are over 16 years of age and in a consensual sexual relationship, is illegal. Throughout these subjects, teachers are expected to address online safety and appropriate behaviour in an age-appropriate way which is relevant to their pupils' lives.

OLCC has a vital role in delivering relationships and sex education which helps to provide information on healthy sexual relationships and the importance of respect and consent. It challenges some of the underlying, distorted attitudes and values underpinning internet and social media abuse and harmful sexual behaviours, and supports pupils who have been bullied or abused, or who feel under peer pressure when wanting to protect themselves or seek help.

Our children face increasing sexual misinformation and pressure from the internet and social media. The need for accurate sexual information and a safe space with permission to ask questions, discuss appropriate boundaries and talk about how to resist pressure and keep safe, is more essential now than ever.

Children with additional needs
Relationships and sex education is particularly relevant to children and adolescents with additional educational needs and / or autism, whose access to sexual information is likely to be more limited. If parents struggle with their child's developing sexuality, schools / colleges become an even more important source of this information. At OLCC, our context states that we are in the top quintile for disadvantaged pupils, pupils with an EHCP and pupils at SEN K, therefore we heavily use advice from NASEN when planning, delivering and reviewing our provision for pupils more vulnerable due to their additional needs.

It is important to address the needs and concerns of pupils with SEND / additional needs and mainstream content may need to be further differentiated so that they can access these lessons. Using the revised edition of the PSHE planning framework for pupils with SEND can help to ensure that learning opportunities are appropriate for these pupils. This framework is fully aligned with the Statutory Guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education from the Department for Education (2020) and the PSHE Association Programme of Study (2020/21).

Levels of Intervention
OLCC has a three-pronged approach to prevention and intervention regard to supporting children developing the requisite life skills and knowledge required to identify, understand and manage their sexual behaviours and know when and how to seek help if they feel unsafe.

Primary prevention / intervention
This is a universal offer that aims to prevent all children and adolescents from becoming involved in any form of concerning sexual behaviours. For example, by providing a broad and balanced age-appropriate curriculum that covers core issues. For example: understanding consent, issues around choices, child sexual exploitation, unhealthy and abusive family / intimate relationships, internet and online safety.

Delivery of these topics is delivered through a timetabled PSHE programme, assemblies or themed days. Alternatively, in some situations where we feel input is needed immediately, form time is extended to ensure we can deliver a message thoroughly. The Department of Education guidance on RSE (2020) states that schools are free to determine how to deliver the content set out in this guidance in the context of a broad and balanced curriculum. Our teaching in these subjects ensures that core knowledge is broken down into units of manageable size and communicated clearly to pupils, in a carefully sequenced way, within a planned programme or lessons.

Secondary prevention / intervention

At OLCC this has a clear focus on supporting children who have experienced sexual bullying or abuse as well as those who have caused that harm; where the behaviour is not at the level of sexual assault or rape, for example online and direct sexual bullying, sexual harassment, inappropriate touching. It should aim to help individuals and families where there appear to be factors suggesting the potential for sexual behaviours to become more concerning. Interventions at this level are usually direct work with individuals/ small groups, using referenced resources and programmes. A RAMP may be helpful but not automatically required for these cases.

Tertiary prevention/intervention

This is required to support and rehabilitate those children and adolescents who are either sexually harmed or who cause the harm, for example, sexual assault or rape. Interventions at this level are usually coordinated and supported by formal plans, for example: a RAMP or child protection plan and will involve statutory or specialist services.

At the heart of teaching sensitive subjects there is a focus on both empowering children and on keeping them safe. Good practice should allow children an open forum to discuss potentially sensitive issues. It is important to be aware that such discussions can lead to increased safeguarding reports. Therefore, it is important that designated safeguarding staff work with their PSHE leads to ensure that the delivery of such sensitive content is well planned and mindful of the potential impact on the target audience. Staff responsible for the delivery of these topics should be confident, appropriately trained and briefed. Designated staff are well placed to be able to recognise any specific pupil who is likely to find the lesson content upsetting due to their own personal experiences. Due consideration should be given to any preparation that might be required to support children and adolescents that are likely to find any sensitive lesson content distressing

Appendix

Confidential
Our Lady's Catholic College
Risk Assessment Management Plan (RAMP) for Education Settings where there are concerns aboutSexual Behaviours

Name of child/adolescent	
Date of birth	
Ethnicity	
School/College	
Class/form	
Author of RAMP	
Date of RAMP	

This is the 2021 version of the RAMP format, which has been based on adaptions of the original AIM Safety and Support Plans (Carol Carson and AIM 2007) by Leeds, Hertfordshireand Cambridgeshire Children's Services (2016)

The RAMP is not a legal document, it is intended as a written agreement with the child/adolescent, theirfamily and other agencies who work with and support them.

1.Details from the Checklist/Autism Guidance/Other Agency Information

1.1 Reason for undertaking this RAMP

Brief synopsis of the incident or incidents causing concern including any previous incidents of a sexual nature.

Has an AIM Checklist been completed and if so, what was the outcome?

1.2 Current management strategies

Brief synopsis of CURRENT risk management strategies, interventions, support in place for the pupil/student in managing the behaviour causing concern.

1.3 Factors causing concern and evidence: Has the Chronology/Pattern Mapping identified any specific risks/vulnerabilities in the school/collegesetting?

What are the concerns for school/college?	Evidence
Who could be harmed and how? *For example. the subject themselves, other children, staff? Sexual, physical or emotional harm?*	**Evidence**
In which situations could the risk occur? *Use the Assessment of the school environment*	**Evidence**

1.4 Factors which heighten or lower the concerns

Consider the information in the previous sections and identify what may heighten or lower concerns.

Factors which heighten the concerns	Factors which lower the concerns
e.g. Child/adolescent has either actually exhibited harmful sexual behaviour or has been convicted for sexual offences; also evidence of their detailed planning.	*e.g. Child/adolescent has the ability to reflect and understand the consequences of their behaviour. They are willing to engage with support offered to address this behaviour.*

1. 5 Other agencies views of concern/s:

	Factors which heighten the concerns	Factors which lower the concerns
Health		
Police		
Children's Social Care *Please identify which service/s specifically are working with the child/adolescent*		
Other		

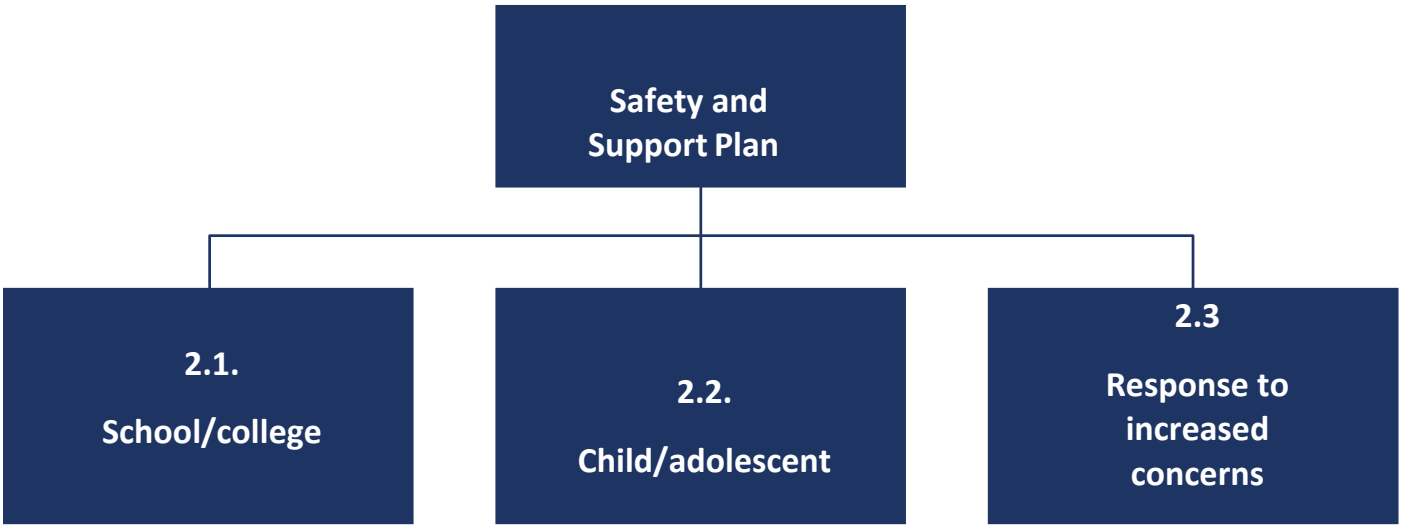
1.6 Child/adolescent and parent/carer's views:

Parents/carers and child/adolescent may hold a different view about the different level of risk and concerns;use this section to record these.

Child/adolescent's view	
Parent/carer's view	

2. Safety and Support Plan

There are three strands to the Safety and Support Plan, the actions which are part of the school/ college's policies and procedures; the actions to be taken to manage the risk and meet the needsof the child/adolescent and what needs to happen if the concerns increase



In the relevant section below list any actions, arrangements and strategies that can be put in placeto safeguard and promote the welfare of the child/ adolescent and others identified in the RAMP. The supporting document 'Assessment of the school/college environment' Hertfordshire Children'sServices (2016) may assist.

2.1 School/College:

Actions	By Who/When?
Reporting, recording and monitoring: *What are the arrangements for reporting, recording and monitoring the child's/adolescent's behaviour?*	
Chronology of incidents: *Use AIM Chronology of incidents. Who will beresponsible for monitoring and updating this?*	
School/college environment: *What are the arrangements for managing unstructured times, transitional period, contact between parties and potential hotspots of the building? What level of supervision is required and how will this be managed?*	
Transport arrangements: *What are the arrangements for the child/adolescent toget safely to and from school/college?*	

Actions	By Who/When?
Duty of care/keeping all pupils/students safe: *How will this be done? Who will take responsibility for coordinating? What messages have been given to pupils/ students about keeping safe and how?*	
Off-site activities - school trips, work experience etc: *How will risk be managed in these situations?*	
Inclusion and diversity: *Are there any additional factors to consider in relation tothe child's age, gender, sexuality, race, religion, disability, mental/physical health or other?*	

2.2 Child/Adolescent:

Actions	By Who/When?
Individual work: *What work is being undertaken to address the child's/adolescent's unmet needs in relation to sexual behaviour?*	
Liaison with parents: *Who will communicate with parents/carers? What support needs do the parents/carers have? What do parents/carers need to do to supporttheir child?*	
The right to feel and be safe: *What support has the child/adolescent been offered to be safe in school/college?*	
Behaviour management strategies: *Are there clear boundaries andexpectations of acceptable behaviours?*	

Actions	By Who/When?
Positive activities: *What support is in place to reduce the risk of isolation and to encourage the child/adolescent to enjoy and achieve?*	
Identity: *Are there any additional factors to consider in relation to the child's age, gender, sexuality, race, religion, disability, mental/physical health or other?*	

2.3 Response to increased concerns:

Identify the actions necessary if there are concerns that the safety and support management planis ineffective.

Actions	By Who/When?
Liaison with other agencies: *Increased concerns may require a referral to children's social care and specialist services.*	
Exclusion(Expulsion)/temporary or permanent: *Are there significant groundsfor considering this? Has there been an assessment of the situation? If so what the evidence for this decision?*	
Inform parents/carers: *Who will contact parents/carers?*	

Actions	By Who/When?
Review of RAMP: *When will this be done? Who will lead on this? (Ideally this needs to be convened with all parties ASAP). AIM chronology of incidents needsto be up to date.*	
Any other?	

2.4 Safety and Support Plan agreed by:

I can confirm that the information contained in this document is an accurate reflection of the discussions had and actions agreed by all parties present atthe RAMP meeting.

Actions	Role	Signature
	Headteacher	
	Designated Safeguarding Lead	
	Form Tutor	
	Other relevant school/college staff (specify who)	
	Child/adolescent	
	Parent/carer	
	Other agencies (specify which agency)	

2.5 Information sharing:

Name	Role

2.6 Date to review RAMP

The timescale of the review needs to be in proportion to the level of concerns/risk and the degree of support and intervention.

3. Review of RAMP Safety and Support Plan

3.1 Agreed actions/amendments for this review:

Using the RAMP Safety and Support Plan (sections 2.1 – 2.3) and AIM chronology of incidents, evaluate whether any changes need to be made. A review will consider any new information, change in circumstances, and any work carried out with the child/adolescent and family.

Using the table below, record any changes that need to be made and why.

Summary of progress made	Further incidents	Actions/ amendments	Who and when?
School/College setting: *e.g. have there been any further incidents? If so, what actions were taken and what was the outcome?*			
Child/Adolescent: *e.g. has the child/adolescent used the support available in school/ college and from other agencies as part of this plan?*			
Response to increased concerns: *e.g. can the child/adolescent remainin school/college given the current concerns? What additional support can be given?*			

3.2 Safety and Support Plan agreed by:

I can confirm that the information contained in this document is an accurate reflection of the discussions had and actions agreed by all parties present at the RAMP review meeting.

Role	Signature

3.3 Is a further review required?

Yes, date of next RAMP Review:

The timescale of the review needs to be in proportion to the level of concerns/risk and thedegree of support and intervention.

No, all actions completed. RAMP closed

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EXAMPLE

Our Lady's Catholic College

Risk Assessment Management Plan (RAMP) for Children / Adolescents who Display Harmful Sexual Behaviour in an Education Setting

Name of child/adolescent	Anastasia Ahmed
Date of birth	6 years and 9 months
Ethnicity	Not recorded
School/College	Becontree Primary
Class/form	Rainbow1
Author of RAMP	Mrs Sidhu – Designated Safeguarding Lead
Date of RAMP	1st November

This is the 2021 version of the RAMP format, which has been based on adaptions of the original AIM Safety and Support Plans (Carol Carson & AIM 2007) by Leeds, Hertfordshire and Cambridgeshire Children's Services (2016)

The RAMP is not a legal document, it is intended as a written agreement with the child/adolescent, their family and other agencies who work with and support them.

1. Details from the Checklist / Autism Guidance / Other Agency Information

1.1 Reason for undertaking this RAMP

Brief synopsis of the incident or incidents causing concern including any previous incidents of a sexual nature.

14/09 Inappropriate behaviour- Annie is observed by teaching assistant kissing another girl in the doll's house. The other child appeared upset and said that she did not want to play with Annie anymore as Annie was always trying to kiss her on the lips and she didn't like it. The other girl's parent request that the children do not play together anymore as their daughter is scared of Annie.

20/10 Problematic behaviour. Annie is playing in dolls house outside and is observed shouting at the same child to come over to her. The teaching assistant has walked across to see what was going on and found Annie in the corner of the doll's house laid down, with her underwear and trousers in her ankles.

27/10 Problematic behaviour- Annie and the same child as above in the toilets together, the child was observed showing Annie his private parts. The little boy and Annie were both spoken to by the member of staff about the incident. The little boy concerned said that Annie had pulled his trousers down and said she wanted to see his willy. Annie was reminded that she must not pull other children's trousers down. Annie responded that boys do it to girls too, when asked what she meant Annie responded, "Boys are allowed to pull my pants down and look at my bum". When further asked about what she meant, Annie said "I don't know".

Other:

It has been reported by the boy involved that Annie often makes him go to the toilet with her and asks him to show his penis and attempts to kiss him and that he doesn't like it. However, he does do as she asks because he wants to be her friend. Annie does not have many friends at school as her behaviour can often be aggressive towards others.

16/5 Annie has a 9-year-old brother who also attends this school. They both share the same bedroom. There were some previous concerns around Annie's brother exhibiting some harmful sexualised behaviour a few months ago, where a group of female pupils in his class had reported that they didn't like playing chase with him in the playground as he constantly pulled up their skirts and tried to touch their bums and kiss them. The class teacher did some whole class work on appropriate touch and there had been no more reported incidents since then. Annie's brother is currently being assessed by the Education Psychologist for behavioural issues and there is also an ongoing CAMHS assessment for ADHD/autism hyperactivity and social activity.

Has an AIM Checklist been completed and if so, what was the outcome?

As referenced above in 1.1.

Yes – AIM checklist completed for each incident:

14/09 – Outcome was Inappropriate Behaviour as the child approached was uncomfortable with the behaviour and there is no real power imbalance between them.

20/10 - Outcome was Problematic Behaviour as there appeared to be some elements of planning, but this is not well developed, or it is at early stages. Annie is aware that their behaviour is not acceptable but continued to engage in it. Annie is struggling to take responsibility for her behaviour.

27/10- Outcome was Problematic Behaviour as there appeared to be some elements of planning again. The other pupil involved is under assessment therefore there is some power differential between the children. Annie is aware that their behaviour is not acceptable and understands why but continued to engage in it. Annie is struggling to take responsibility for her behaviour and has inferred that it was ok for boys to view her buttocks.

Thus there is a suggestion of escalation in terms of the seriousness of the behaviour.

1.2 Current management strategies

Brief synopsis of CURRENT risk management strategies, interventions, support in place for the pupil/student in managing the behaviour causing concern.

Parents have been informed of all the incidents. A member of support staff is with Annie at all times, and she is not allowed to go to the toilet herself. However, the school cannot maintain this 1:1 resource long-term.

1.3 Factors causing concern and evidence: Has the Chronology/Pattern Mapping identified any specific risks/vulnerabilities in the school/college setting?

What are the concerns for school/college?	**Evidence**
Risk of further incidents of potential harmful sexualised behaviours towards children..	There have been 3 reported incidents in school over the past four weeks. In addition to other incidents reported by the little boy involved that were unobserved and unreported at the time.
Risk of Annie being vulnerable to harm	Annie appears to have an understanding that it is okay for boys to look at her
Risk of Annie becoming ostracised and labelled.	Parents have requested that Annie does not play with their children
Who could be harmed and how? *For example. the subject themselves, other children, staff? Sexual, physical or emotional harm?*	**Evidence**
Who? Annie, other children affected by Annie's behaviour. Children the same age as Annie in her class, all genders.	Refer 1.1
How? Sexual harm: • Direct physical contact	Refer 1.1 Two children have reported unwanted sexualised contact behaviours by Annie.
Emotional harm: • For others exposed to harm • Emotional harm for Annie if she becomes labelled or ostracised from her peer group.	Refer 1.1 • Both children reported being scared of Annie
In which situations could the risk occur? *Use the Assessment of the school environment*	**Evidence**
During less structured times/ when unsupervised by adults. Possibly in more secluded areas of the school.	All behaviours have happened in secluded areas of school with limited adult supervision.

1.4 Factors which heighten or lower the concerns

Consider the information in the previous sections and identify what may heighten or lower concerns.

Factors which heighten the concerns	Factors which lower the concerns
e.g. Child / adolescent has either actuallyexhibited harmful sexual behaviour or has been convicted for sexual offences; also evidence of their detailed planning.	*e.g. Child/adolescent has the ability to reflect and understand the consequences of their behaviour. They are willing to engage with support offered to address this behaviour.*
It is undetermined what need this behaviour is meeting for Annie, and why she believes that boys are allowed to look at her bum too. Annie's behaviours are secretive and their does appear to be some elements of coerciveness and force. Although the children who have been involved in these incidents are of the same chronological age, there is some difference in their cognitive function. Annie shares a room with her older brother, who has exhibited some inappropriate sexualised behaviours recently. It is yet to be determined whether Annie's behaviours or understanding around appropriate sexualised behaviours may have been peer influenced.	Annie is very young and some of the behaviours exhibited could be attributed to her developmental age, in terms of being curious Both parents are supportive of school and would like the best for Annie. There have been no further incidents since the 1:1 level of supervision has been into place.

1. 5 Other agencies views of concern/s:

	Factors which heighten the concerns	Factors which lower the concerns
Health	n/a	n/a
Police	n/a	
Children's Services *Please identify which service/s specifically are working with the child*	The family are previously known to children's social work services due to domestic violence between parents. Annie has been referred to children's work service and this is now a s47 investigation.	Annie has an allocated social worker, as part of the S47 investigation there will be a core assessment conducted regarding the family sexual script, Annie's needs and will look at parenting capacity and her environment. Currently some work has been done on safety planning at home in regard to the children sharing a bedroom.
Other/Education Psychologist,	Annie's brother's behaviours towards his peer may have some level of influence on Annie's understanding of acceptable behaviour.	Annie's brother is currently being assessed by the Education Psychologist for behavioural issues.

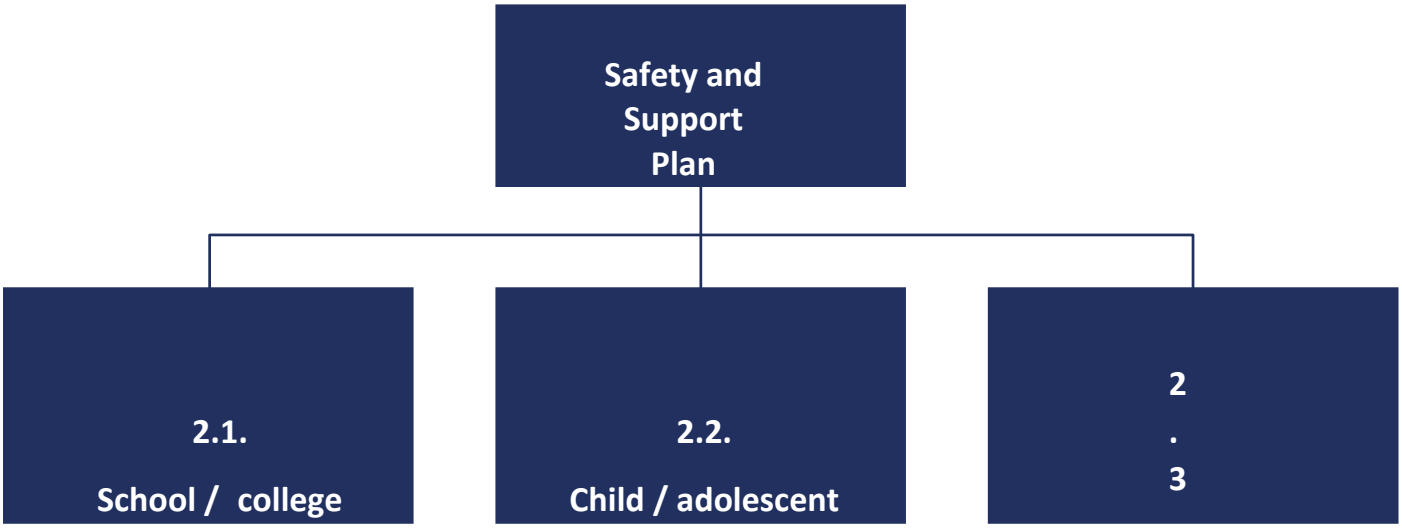
1.6 Child/adolescent and parent / carer's views:

Parents, carers and child/adolescent may hold a different view about the different level of risk and concerns; use this section to record these.

Child/adolescent's view	In general Annie is reluctant to talk about her behaviours. When asked about behaviours causing concern Annie often fails to take responsibility. Annie has expressed that she feels sad when the teacher tells her off for being naughty and says that she knows her daddy will shout at her and she doesn't like daddy shouting. Annie has held a consistent view that she is only playing with her peers.
Parent / carer's view	Mum is very supportive and wants the best for Annie. Dad believes that the school are going over the top about nothing as Annie is only 6 years old.

2. Safety and Support Plan

There are three strands to the Safety and Support Plan, the actions which are part of the school/ college's policies and procedures; the actions to be taken to manage the risk and meet the needs of the child/adolescent and what needs to happen if the concerns increase



In the relevant section below list any actions, arrangements and strategies that can be put in place to safeguard and promote the welfare of the child/ adolescent and others identified in the RAMP. The supporting document 'Assessment of the school/college environment' Hertfordshire Children's Services (2016) may assist.

2.1 School/ College:

Actions	By Who / When?
Reporting, recording and monitoring: *What are the arrangements for reporting, recording and monitoring the child/adolescent's behaviour?*	
All staff involved will be expected to report any concerns to the DSL, Mrs Sidhu in line with the school's standard Child Protection Procedures. All staff are trained in identifying and responding to child-on-child abuse and will respond to and stop any behaviour observed and follow the school's behaviour policy as appropriate.	Mrs Sidhu, DSL All staff
Chronology of incidents: *Use AIM Chronology of incidents. Who will be responsible for monitoring and updating this?*	Mrs Whiteman, DSL
Mrs Whiteman, DSL will ensure that the chronology is kept up to date by documenting any incidents/ observations. Mrs Whiteman will evaluate new information in light of any assessments that are currently being undertaken and take any actions required as appropriate.	
School/college environment: *What are the arrangements for managing unstructured times, transitional period, contact between parties and potential hot spots of the building? What level of supervision is required and how will this be managed?*	
Annie will not be permitted to have unsupervised contact with other pupils within unstructured times such as: • Lunch times • Break times Annie must only go into the toilets alone. This is to be monitored by the staff who always work directly with Annie. Mr Blackburn (class teacher) will be responsible for ensuring that this is the case. Annie must sit at the front of the class/carpet and stand at the front of queues to ensure that staff can always discreetly monitor Annie. A member of staff will monitor Annie discreetly during unstructured times and keep vigilant when she is using secluded areas such as the doll's house. It will be made clear to Annie that she can only play in the doll's house by herself,	Mr Blackburn All staff working directly with Annie/responsible for supervision of lunch and break times.
Transport arrangements: *What are the arrangements for the child/adolescent to get safely to and from school/college?*	
Annie is dropped off and picked up by mum every day.	Parents

Actions	By Who / When?
Duty of care / keeping all pupils/students safe: *How will this be done? Who will take responsibility for coordinating? What messages have been given to pupils/students about keeping safe and how?*	
Reminder to all children given via class teacher on good touch/bad touch and the systems in school if they feel unsafe. Every child asked to identify somebody they could go to if they were worried.	Mr Blackburn
Off-site activities - school trips, work experience etc: *How will risk be managed in these situations?*	
All school trips will be appropriately risk assessed to ensure that Annie is always being closely monitored by adults.	Mrs Sidhu Mr Blackburn
Inclusion and diversity: *Are there any additional factors to consider in relation to the child's age, gender, sexuality, race, religion, disability, mental / physical health or other?*	

2.2 Child / Adolescent:

Actions	By Who / When?
Individual work: *What work is being undertaken to address the child/ adolescent's unmet needs in relation to sexual behaviour?*	
Louise Jobson is doing some direct work with Annie on healthy behaviours as part of the ongoing Social Care involvement. Louise Jobson will also be completing an assessment which may feed into any targeted work that the school could do with Annie.	Louise Jobson/ Mrs Sidhu
Liaison with parents: *Who will communicate with parents/carers? What support needs do the parents/carers have? What do parents/carers need to do to support their child?*	
There will be regular liaison between the school and parent. This will be done by Mrs Whiteman and Mr Blackburn. Mr & Mrs Ahmed will be offered regular meetings with school as appropriate. Mr Blackburn will create a home-school daily diary for Annie that will comment on any issues arising and what time of day Annie has had. Annie must be praised by all adults for positive behaviours/good days. Good touch/Bad touch resources such as the NSPCC Pants resources will be shared with parents to use at home, potentially with Annie and her brother.	Mr Blackburn/Parents.
The right to feel and be safe: *What support has the child/adolescent been offered to be safe in school/college?*	
Mr Blackburn to talk to Annie about feeling safe in school and explore with her what she would do if she didn't feel safe and which adults she could talk to. Mrs Sidhu to touch base /check in every lunchtime with Annie to see how she is doing.	Mr Blackburn/Mrs Sidhu
Behaviour management strategies: *Are there clear boundaries and expectations of acceptable behaviours?*	
Mr Blackburn to remind Annie of school rules about being kind and nice to each other and to reiterate good/touch bad touch. If any does exhibit any further harmful sexual behaviours towards peers, there must be a clear sanction (i.e 10-minute time out/miss break) in keeping with the school's behaviour policy. Annie should be encouraged to think about how she made the other children feel and do something nice for them as way of apology. Through this the messaged can be reiterated that these behaviours are not okay. Parents must be informed, and the same messages reiterated that the behaviour is not okay.	Mr Blackburn/parents/other staff.

Actions	By Who / When?
Positive activities: *What support is in place to reduce the risk of isolation and to encourage the child/ adolescent to enjoy and achieve?*	Mr Blackburn
Mr Blackburn to ensure that Annie gets involved in structured playtime activities with other children, so that she can build wider friendship groups and be distracted from behaviours causing concern. These can also be used to explore emotions and how your behaviour can make other people feel. This could be done with examples such as turn taking, sharing and making people play games that they don't want to play.	
Identity: *Are there any additional factors to consider in relation to the child's age, gender, sexuality, race, religion, disability, mental / physical health or other?*	Miss Walker Within next 6-8 weeks
Annie will have a six-week pastoral intervention with Miss Walker (learning mentor) to undertake some work on identity. This could focus on some emotional literacy and what makes Annie feel happy and sad. These activities may help identify Annie's unmet needs by identifying what things are most important to her.	

2.3 Response to increased concerns:

Identify the actions necessary if there are concerns that the safety and support management plan is ineffective.

Actions	By Who / When?
Liaison with other agencies: *Increased concerns may require a referral to Children's and Specialist Services.*	Mrs Sidhu, DSL's
If Annie demonstrates any type of sexualised behaviour towards other pupils in the school, Parents and Social Care will be notified of her actions immediately. If another child has been subjected to any level of harm this will be responded to in according to the school Child Protection procedures, including informing the parents.	
Exclusion (Expulsion)/temporary or permanent: *Are there significant grounds for considering this? Has there been an assessment of the situation? If so what the evidence for this decision?*	
n/a contextually the behaviours causing concern are not at the level where exclusion or expulsion would be considered. School is also a significant protective factor for Annie and therefore positive engagement and work around school being a safe place should be encouraged.	
Inform parents: *Who will contact parents?*	
n/a.	

Actions	By Who / When?
Review of RAMP: *When will this be done? Who will lead on this? (Ideally this needs to be convened with all parties ASAP). AIM chronology of incidents needs to be up to date.*	Mrs Whiteman Parties involved with RAMP ASAP or After February half-term break
The RAMP will be reviewed after February half term break. With a view to considering the following: - the outcome of the Social Care assessment, - any recommendations - any further incidents of sexualised behaviour - whether the measures such as supervision arrangements can be reduced, and if so how and when this will happen. - Impact of any work that has been undertaken with Annie and the family	
Any other?	

2.4 Safety and Support Plan agreed by:

I can confirm that the information contained in this document is an accurate reflection of the discussions had and actions agreed by all parties presentat the RAMP meeting.

Actions	Role	Signature
Mr Heathfield	**HeadTeacher**	
Mrs Sidhu	**Designated Safeguarding Lead**	
	Form Tutor	
	Other relevant school/college staff (specify who)	
Annie Ahmed	**Child/adolescent**	
Mr and Mrs Ahmed	**Parent/carer**	
Louise Jobson Theresa Green	**Social Worker** **Educational Psychologist**	

2.5 Information sharing:

Name	Role
Mr Blackburn	Class teacher
Miss Walker	Learning mentor

2.6 Date to review RAMP

The timescale of the review needs to be in proportion to the level of concerns / risk and the degree of support and intervention.

3. Review of RAMP Safety & Support Plan

3.1 Agreed actions/amendments for this review:

Using the RAMP Safety and Support Plan (sections 2.1 – 2.3) and AIM chronology of incidents, evaluate whether any changes need to be made. A review will consider any new information, change in circumstances, and any work carried out with the child and family.

Using the table below, record any changes that need to be made and why.

Summary of progress made	Actions/ amendments	Why?	Who and when?
School/ College setting: *e.g. have there been any further incidents? If so, what actions were taken and what was the outcome?*			
Child / Adolescent: *e.g. has the child/ adolescent used the support available in school/ college and from other agencies as part of this plan?*			
Response to increased concerns: *e.g. can the child/adolescent remain in school/college given the current concerns? What additional support can be given?*			

3.2 Safety and Support Plan agreed by:

I can confirm that the information contained in this document is an accurate reflection of the discussions had and actions agreed by all parties presentat the RAMP meeting.

Role	Signature

3.3 Is a further review required?

Yes, date of next RAMP Review:

The timescale of the review needs to be in proportion to the level of concerns / risk and the degree of support and intervention.

No, all actions completed. RAMP closed

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Adolescent Checklist

Sexual Behaviour Continuum of Potential Harm to Self and/or Others

Outcome – Mark on the continuum the overall outcome for this adolescent
Please click to place the X on the section of the continuum you have chosen. Then move the X within that section to mark your final outcome.

Is further pattern mapping or a full AIM3 Assessment required?

Pattern Mapping	☐ **Yes**	☐ **No**
AIM3 Assessment	☐ **Yes**	☐ **No**

What is the rationale for your decision?

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The AIM Checklists for
Adolescents with Learning Disabilities

Sexual Behaviour Continuum of Potential Harm to Self and/or Others

Outcome – Mark on the continuum the overall outcome for this adolescent
Please click to place the X on the section of the continuum you have chosen. Then move the X within that section to mark your final outcome.

Is further pattern mapping or a full AIM3 Assessment required?

Pattern Mapping	☐ **Yes**	☐ **No**
AIM3 Assessment	☐ **Yes**	☐ **No**

NB: The AIM3 Assessment can be used with a adolescent with learning disabilities **but with caution** and the individual adolescent's level of functioning and cognitive ability must be taken into account. Please see the AIM3 Model for more details

What is the rationale for your decision?

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The AIM Checklists for Adolescents with Learning Disabilities

The AIM Project

Sexual Behaviour Continuum of Potential Harm to Self and/or Others

Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour (continued on the next page)			
Explicit sexual discussions, use of sexual swear words, sexual jokes Flirtatious behaviour, kisses/cuddles Online activity – seeking sexual imagery **Legally over 16 years old - mutually consenting masturbation/sexual intercourse/oral sex etc. ** This is the legal limit, but it is important to consider the adolescent's sexual activity in the context of their age and ability level, particularly the ability to understand their sexual behaviours and the consequences, both physically and emotionally Some adults may not wish them to be sexual until they are 18 years old, but sexual development is an important part of the adolescent's overall development	Single instances of inappropriate sexual behaviour (see examples below) Socially acceptable behaviour within the peer group even if adults would not approve or they are technically illegal, e.g. sharing of naked or semi naked or sexually provocative pictures of self with a 'boyfriend/girlfriend'	Their sexual development or feelings are confusing for them They may show sexual behaviours more appropriate for a younger child They may not understand the concept of private and public behaviours Use of adult sexual language without understanding meaning Touching their genitals frequently particularly if this is the only way they comfort themselves and regulate strong emotions Trying to touch other adolescent's bodies or genitals over clothing – behaviours are not hidden Concerning behaviours are displayed in two or more settings Engaging in sexual conversations online, with strangers, particularly in chat rooms	**Abusive** Sexual behaviours involving misuse of power and with an intent to cause harm Use of coercion and force to ensure compliance Intrusive sexual behaviours including penetration or attempted penetration anal, vaginal or oral by penile, digital or objects Sexual preoccupation which interferes with daily function Evidence of high level of sexual compulsivity, e.g. masturbation, hoarding of sexually explicit images on or offline Pattern of problematic sexual behaviours emerging in early childhood and continuing into adolescence

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Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour (continued)			
		Pre-occupation with masturbation, particularly if having difficulties with ejaculation Pressurising others to send intimate/ embarrassing pictures Sharing intimate/ embarrassing pictures of others to embarrass them but not threaten or coerce them	Chronic use of pornography and distorted concepts of what is real or inability to differentiate Use of hard-core pornography involving younger children Self-reported sexual interest in children, or abuse of younger children Self-reported predatory sexual fantasies concerning peers and adults Adolescent has offended against strangers (adult or child) in a public setting Unusual sexual activities such as fetishes/sexual activity with animals etc. Coercion of others to share intimate/embarrassing pictures Making sexually explicit threats, or blackmail through social media Involvement in sexual exploitation, including procuring for others **Violent** Physical, violent sexual assault or rape Violence which is physiologically and/or sexually arousing to the adolescent Use of hard-core porn with violent/aggressive themes

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Normal	Inappropriate	Problematic	Abusive/Violent
2. Context of behaviour			
Developmentally expected Socially acceptable Consensual, mutual, reciprocal, both parties are free to engage and disengage Shared decision making	Context for the behaviour may be inappropriate eg. location Generally consensual and reciprocal even if adults would not approve	No overt intent to cause harm but other person feels hurt or uncomfortable. Consent issues may be unclear May lack reciprocity or equal power May include levels of compulsivity Behaviour infrequent/ isolated incident Behaviour is self-directed Behaviour is restricted to a specific setting Behaviour in the context of 'romantic' relationship but where there may be pressure to please Recipients of the sexual behaviour are not equipped to describe their wants and desires and to give consent Behaviour appears influenced by peers	Behaviour, planned, manipulative, secretive, there are elements of violence, threat, force, coercion (to ensure compliance) Includes misuse of power Sexual preoccupation which interferes with daily function Adolescent has one or more previous convictions/ final warning/reprimands for sexual behaviour Adolescent has a pattern of prior sexually aggressive behaviour The behaviour is a way for them to cope with negative emotions Recipients of the sexual behaviour are not equipped to describe their wants and desires and to give consent

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Normal	Inappropriate	Problematic	Abusive/Violent
3. Adolescent's response when challenged about their behaviour			
Happy, comfortable May be embarrassed if spoken to by adults about their sexual behaviour	Embarrassed if spoken to by adults about the behaviour Challenging of the adults, saying this is what their age group do Accepting of the adult's perspective and changes behaviour	Embarrassed, ashamed, anxious; Self-harm Did not understand the possible impact (particularly re activity online/social media) Appears highly anxious or confused re sexual development or boundaries Can understand/retain reasons why others feel the behaviour is problematic Experiences consequences as significant/ has some awareness of the consequences	Unclear as to the consequences of sexual behaviour or they appear to have little meaning for them Denial of responsibility/ minimisation of harm/ blames the person who was sexually harmed Adolescent states that they will continue with the behaviour even if they are aware of the consequences Self-harm or other risky behaviours
4. Impact on recipients of the sexual behaviour, which may include adults			
The other adolescent may be happy, comfortable or may be embarrassed if found by adults	The other adolescent may be embarrassed if spoken to by adults	The recipient of the sexual behaviour is a child or another adolescent with learning disabilities and the power difference makes them vulnerable The other adolescent is uncomfortable or irritated, but not fearful or anxious. They feel able to tell someone If adults are the recipients of the sexual behaviour, they may feel physically uncomfortable or disempowered	The recipient of the sexual behaviour may feel uncomfortable, fearful, anxious, suicidal if the abuse has been through social media The recipient of the sexual behaviour may be trying to avoid the adolescent e.g. stopping attending school, or going out socially Adults may feel disempowered, intimidated and unable to control the behaviour or protect themselves or others

Normal	Inappropriate	Problematic	Abusive/Violent
5. Power Dynamics			
Both parties are peer aged and equal ability levels There are no factors to suggest a power imbalance	Peer aged or equal ability levels but the behaviours are clearly led by the adolescent Relationships where there is an age or ability gap which may create a power imbalance and make the younger person or the other person vulnerable	May be a naïve attempt at developing a relationship Online and on social media, the adolescents involved may not know each other at all, but join in group behaviours Adolescent predominately associates with children three or more years younger but has reached puberty themselves Power imbalance due to age, physical strength and capacity, emotional development	There are clear power differences in the relationship which may be based on age, ability, gender, strengths, capacity, emotional development The adolescent has very poor social/ communication or intimacy skills The people who are being sexually harmed online and offline are selected for their vulnerability, and are intimidated and/or sexually exploited

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Normal	Inappropriate	Problematic	Abusive/Violent
6. Persistence/ frequency of the behaviour			
Healthy interest in sexual behaviour but not the sole focus of interest in the adolescent's life	Adolescent may have tested a few boundaries but is generally rule abiding	Interest in sexual behaviour is slightly out of balance with other aspects of the adolescent's life, but it is not all consuming Responds to complaints by stopping or changing behaviour Intervention has some impact but behaviours may resume	Adolescent is obsessed or preoccupied with sexual thoughts/pornography which is out of balance with other aspects of their life Their focus is on sex which is violent, aggressive, sadistic or involves children Incidents are frequent or increasing in frequency The behaviour has been happening over a period of time and/or has been repeated against the same person being sexually harmed Evidence of a high level of sexual compulsivity Behaviours have persisted despite significant negative consequences Adolescent continues to seek access to the person being sexually harmed on or offline/or accesses technology despite parental/ external controls

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Normal	Inappropriate	Problematic	Abusive/Violent
7. Other Behavioural problems			
No other behavioural problems, healthy peer relationships	No other evident behavioural problems but if present would be minimal and manageable through normal processes in school	Poor sexual boundaries Adolescent isolated in the community or has a very restricted lifestyle Problems coping with difficult emotions or in making connections and relationships. They may already have been subject to some interventions through school but not to the extent of exclusion	Co-morbid diagnoses of depression or other significant mental health problems Co-morbid diagnoses of Conduct Disorders/ADHD Long standing history of severely problematic or challenging behaviours School exclusions Highly impulsive/ compulsive behaviour Other offending behaviours for which they received significant sanctions, e.g. fire setting History of cruelty to animals, including torture and killing Problems with drugs and/ or alcohol

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Normal	Inappropriate	Problematic	Abusive/Violent
8. Background Information/ Family response			
No significant family history Parents have a positive view of adolescent's developing sexuality Positive attachments with parents and carers At least one positive friendship Adolescent has access to social and leisure pursuits and to appropriate sex education	No significant concerning family history Parents respond appropriately and proportionately to behaviours, e.g. by setting boundaries and providing information about why the behaviour is inappropriate	Family anxious about adolescent's developing sexuality and have inappropriate concerns about this There may be some previous low-level concerns about the family functioning / stresses Family initially struggle to accept that their child has a problem Family have problems or cultural objections to discussing sexual behaviours Boundaries within the family on privacy, intimacy, sexual information and activity are not clear or not enforced.	Pattern of discontinuity of care/poor attachments within the family High levels of trauma within the family e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence Family members have anti-social history including offences against children Family are minimising the behaviour or are rejecting of the adolescent, harsh or punitive There are poor or no boundaries re privacy, intimacy, sexual information and activity or they are not clear or not enforced Viewed negatively in community due to sexual behaviours

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Sexual Behaviour Continuum of Potential Harm to Self and/or Others

Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour (also continued on next page)			
Explicit sexual discussions, use of sexual swear words, sexual jokes Flirtatious behaviour, kisses/cuddles Interest in online activity – seeking sexual imagery Self-masturbation **Legally over 16 years old - mutually consenting masturbation/sexual intercourse/oral sex etc. ** This is the legal limit but it is important to consider the adolescent's sexual activity in the context of their age and ability level, particularly the ability to understand their sexual behaviours and the consequences, physically, emotionally and socially Some adults may not wish them to be sexual until they are 18 years old, but sexual development is an important part of the adolescent's overall development	Engaging in sexual conversations online with strangers Single instances of inappropriate sexual behaviour Socially acceptable behaviour within their peer group, even if adults would not approve or they are technically illegal, e.g. sharing naked or semi-naked or sexually provocative pictures of self with a 'boyfriend/girlfriend'	Sexual behaviours that are developmentally unusual and not socially acceptable within their peer group, e.g sharing sexual pictures of elderly people Single occurrences of sexual behaviours such as exposure, peeping, frottage or obscene telephone calls Sexual preoccupation and anxiety Pressurising others to send intimate/ embarrassing pictures Sharing intimate/ embarrassing pictures of others to embarrass them but not threaten or coerce them. Seeking peer aged indecent images	**Abusive** Sexual behaviours involving a misuse of power and with an intent to harm Use of coercion and/ or force to ensure compliance Intrusive sexual behaviours including penetration or attempted penetration anal, vaginal or oral, by penile, digital, or object Chronic use of pornography and distorted concepts of what is real Use of hard-core pornography involving younger children Self-reported sexual interest in children, or abuse of younger children Unusual sexual activities such as fetishes / sexual activity with animals etc

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Normal	Inappropriate	Problematic	Abusive/Violent
1. Type of sexual behaviour continued			
			Abuse of strangers Persistent obscene telephone calls, voyeurism, exhibitionism off or online, frottage Coercion of others to share intimate/embarrassing pictures Making sexually explicit threats, or blackmail through social media Involvement in sexual exploitation, including procuring for others **Violent** Physical, violent sexual abuse Violence which is physiologically and/or sexually arousing to the adolescent; sadism Use of hard-core porn with violent/aggressive themes Sexual assault and rape

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Normal	Inappropriate	Problematic	Abusive/Violent
2. Context of behaviour			
Developmentally expected Socially acceptable Consensual, mutual, reciprocal, both parties are free to engage or disengage Shared decision making	Context for the behaviour may be inappropriate eg. location Generally consensual and reciprocal even if adults would not approve	No overt elements of victimisation Consent issues may be unclear or not taken seriously enough May lack reciprocity or equal power May include levels of compulsivity Behaviour appears influenced by peers. Touching behaviours (non-penetrative) Isolated incident	Behaviour planned, manipulative, secretive, there are elements of violence, threat, force, coercion (to ensure compliance) Includes misuse of power Informed consent lacking or not able to be freely given by person who was sexually harmed Sexual preoccupation which interferes with daily function Adolescent has one or more previous convictions/ final warning/ reprimands for sexual behaviour The behaviour is a way for them to cope with negative emotions
3. Adolescent's response when challenged about their behaviour			
Happy, comfortable, May be embarrassed if spoken to by adults about their sexual behaviour	Embarrassed if spoken to by adults about their sexual behaviour Challenging of the adults, saying this is what their age group do Accepting of the adult's perspective and changes behaviour	Embarrassed, ashamed, anxious. Self-harm Did not understand the possible impact (particularly re activity on social media) Can demonstrate some remorse and empathy, even if this is initially limited	Anger, aggression, defensive Shows little emotion on being challenged. Denial of responsibility/ minimisation of harm/ blames the person who was sexually harmed Lack of empathy Self-harm, other risky behaviours Continued the behavior despite knowing the consequences

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Normal	Inappropriate	Problematic	Abusive/Violent
4. Impact on the recipients of the sexual behaviour which may include adults			
The other adolescent may be happy, comfortable or may be embarrassed if found by adults	The other adolescent may be embarrassed if spoken to about it by adults.	If the recipient of the sexual behaviour is a child or adolescent with learning disabilities the power difference may make them vulnerable The other adolescent is uncomfortable or irritated, but not fearful or anxious. They feel able to tell someone If the recipients of the sexual behaviour are adults they may feel physically uncomfortable or disempowered	The recipient of the sexual behaviour may feel uncomfortable, fearful, anxious, suicidal if the abuse has been through social media The recipient of the sexual behaviour may be trying to avoid the adolescent e.g. stopping attending school, or going out socially Adults may feel disempowered, intimidated and unable to control the behaviour or protect themselves or others
5. Power Dynamics			
Both parties are peer aged and with equal ability levels There are no factors to suggest a power imbalance	Peer aged or same ability level but the behaviours are clearly led by the adolescent. Relationships where there is an age and development gap with the victim being younger or with learning disabilities, which may create a power imbalance.	Factors suggest one adolescent has some control over the other, but they still feel able to tell May be a naïve attempt at developing a relationship Online and on social media the young people involved may not know each other at all, but join in group behaviours	There are clear power differences in the relationship which may be based on age, gender, learning disabilities or social status The adolescent has very poor social/ communication or intimacy skills Person/s who were sexually harmed on or offline are selected for their vulnerability, and are intimidated or sexually exploited

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Normal	Inappropriate	Problematic	Abusive/Violent
6. Persistence/ frequency of the behaviour			
Healthy interest in sexual behaviour but not the sole focus of interest in the adolescent's life	Healthy interest in sexual behaviour but not the sole focus of interest in the adolescent's life Adolescent may have tested a few boundaries but is generally rule abiding	Interest in sexual behaviour is slightly out of balance with other aspects of the adolescent's life, but it is not all consuming Behaviours are intermittent and the adolescent can control behaviours	Adolescent is obsessed or preoccupied with sexual thoughts/ pornography, which may be sadistic and aggressive. Incidents are frequent or increasing in frequency The focus on sex is out of balance with other aspects of their life The behaviour has been happening over a period of time and/or has been repeated against the same person who was sexually harmed Adolescent continues to seek access to the person who was sexually harmed on or offline/or accesses technology despite parental/external controls

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Normal	Inappropriate	Problematic	Abusive/Violent
7. Other Behavioural problems			
No other behavioural problems, healthy peer relationships	No other evident behavioural problems but if present would be minimal and manageable through normal processes in school	Poor sexual boundaries Problems coping with difficult emotions or in making connections and relationships. Difficulties in making the best use of education even if academically able They may already have been subject to some interventions through school but not to the extent of exclusion	Diagnosis of depression or other significant mental health problems. Formal diagnosis of Conduct disorder/ADHD Highly impulsive/ compulsive behaviour History of aggressive behaviour Other offending behaviours for which they received significant sanctions, eg fire setting History of cruelty to animals, including torture and killing School exclusions Problems with drugs and/ or alcohol
8. Background Information/ Family response			
No significant family history Parents have a positive view of adolescent's developing sexuality Positive attachments with parents and carers At least one positive friendship Adolescent has access to social and leisure pursuits and to appropriate sex education	No significant concerning family history Parents respond appropriately and proportionately to behaviours, e.g. by setting boundaries and providing information about why the behaviour is not appropriate	There may be some previous low-level concerns about the family functioning. Family initially struggles to accept that their child has a problem Family has problems or cultural objections to discussing sexual behaviours Boundaries within the family on privacy, intimacy, sexual information and activity or they are not clear or not enforced	Pattern of discontinuity of care/ poor attachments within the family High levels of trauma eg physical, emotional, sexual abuse, neglect, witnessing domestic violence Family members have anti-social history including offences against children Family are minimising the behaviour or are rejecting of the adolescent, harsh or punitive There are poor or no boundaries re privacy, intimacy, sexual information and activity or they are not clear or not enforced

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