INAPPROPRIATE SEXUALISED BEHAVIOUR of CHILDREN –

Risk Assessment and Management Guidance

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Introduction

This guidance sits alongside our full and comprehensive safeguarding procedures and systems, and reference to our Safeguarding Policy will outline recording, reporting, and other actions which this guidance fits into. It has been produced to provide our relevant staff, e.g. DSLs, with relevant information around inappropriate sexualised behaviour of children which needs to be understood, risk assessed and managed to support the pupil and those around him/her. It. This includes:

- various forms of sexualised behaviour
- an awareness of age appropriate sexual behaviour
- guidance for risk assessing inappropriate sexualised behaviour
- a template for writing a RAMP (Risk Assessment and Management Plan)

This document is not meant to cover all aspects of child development of sexualised behaviour, although a brief overview is given, but is aimed more at inappropriate behaviours which academies need to assess and manage. For further guidance and understanding in a wider context, this guidance should be read in conjunction with government guidance documents, DfE Guidance on Sexualised Behaviour and KCSiE 2019. In addition, there is a wealth of useful sources online such as; NSPCC Sexual Behaviour in Children, The Child Psychology Service, Brook - sexual behaviours traffic light tool, and NHS dealing with challenging behaviour in children.

Part Five of KCSiE 2019 outlines how schools can manage reports of 'Child on Child Sexual Violence and Sexual Harassment' and should be referred to for advice and guidance. Similar to that document, this guidance does not attempt to provide detailed guidance on what to do every particular case as ultimately, any decisions we make concerning a pupil need to be made on a case-by-case basis, with the designated safeguarding lead (or a deputy) taking a leading role and using their professional judgement, supported by other agencies, such as children's social care and the police as required.

Sexual exploration and play is a natural part of childhood sexual development, and helps children develop physically and emotionally. This document aims to support colleagues with children who may display behaviours not aligned to their age.

This guidance also includes a risk assessment template (Annex A) which should be used by academy staff when supporting pupils.

Healthy Sexual Development in children and young people

It's important to understand what healthy sexual development looks like in children as they grow. Children's sexual development is shaped by their environment, experiences and what they see. Children now are more likely to see or come across sexual images and videos at a younger age than their parents would have done. This can be through films, music videos or online, including pornography.

Every child is different and may become interested in relationships, sex and sexuality at slightly different ages. But as children get older, the way they express their sexual feelings

changes. It's natural for teenagers to show interest in sex and relationships for example, or for children to be curious about the changes that happen during puberty. Even young children can show sexual behaviours like kissing and hugging, or using swear words they've heard others say.

Many sexual behaviours children and teenagers show as they grow up are normal and healthy, so long as they're not causing harm to others or to the children themselves.

Appropriate and Inappropriate sexualised behaviour

Brook - sexual behaviours traffic light tool outlines appropriate and inappropriate sexual behaviour dependent on age and the table below outlines these behaviours in terms of **GREEN**, behaviours which reflect safe and healthy sexual development, **AMBER** which have the potential to be outside of safe and healthy, and **RED**, those which are considered outside safe and healthy behaviours. Please note these are general guidelines and children do develop at different rates and behaviours can also be explained by a range of reasons including; learning disability, mental health problems, ACEs (including trauma anxiety possibly caused by previous or current sexual abuse), and simple curiosity. These indicators are a guide and do not replace, but should assist, the exercise of professional judgement.

0 to 5 years	
GREEN	• holding or playing with own genitals • attempting to touch or curiosity about other children's genitals • attempting to touch or curiosity about breasts, bottoms or genitals of adults • games e.g. mummies and daddies, doctors and nurses • enjoying nakedness • interest in body parts and what they do • curiosity about the differences between boys and girls
AMBER	• preoccupation with adult sexual behaviour • pulling other children's pants down/skirts up/trousers down against their will • talking about sex using adult slang • preoccupation with touching the genitals of other people • following others into toilets or changing rooms to look at them or touch them • talking about sexual activities seen on TV/online
RED	• persistently touching the genitals of other children • persistent attempts to touch the genitals of adults • simulation of sexual activity in play • sexual behaviour between young children involving penetration with objects • forcing other children to engage in sexual play
5 to 9 years	
GREEN	• feeling and touching own genitals • curiosity about other children's genitals • curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships • sense of privacy about bodies • telling stories or asking questions using swear and slang words for parts of the body

   	- questions about sexual activity which persist or are repeated frequently, despite an answer having been given - sexual bullying face to face or through texts or online messaging - engaging in mutual masturbation - persistent sexual images and ideas in talk, play and art - use of adult slang language to discuss sex
   	- frequent masturbation in front of others - sexual behaviour engaging significantly younger or less able children - forcing other children to take part in sexual activities - simulation of oral or penetrative sex - sourcing pornographic material online

9 to 13 years

   	- solitary masturbation - use of sexual language including swear and slang words - having girl/boyfriends who are of the same, opposite or any gender - interest in popular culture, e.g. fashion, music, media, online games, chatting online - need for privacy - consensual kissing, hugging, holding hands with peer
   	- uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing - verbal, physical or cyber/virtual sexual bullying involving sexual aggression - LGBT (lesbian, gay, bisexual, transgender) targeted bullying - exhibitionism, e.g. flashing or mooning - giving out contact details online - viewing pornographic material - worrying about being pregnant or having STIs
   	- exposing genitals or masturbating in public - distributing naked or sexually provocative images of self or others - sexually explicit talk with younger children - sexual harassment - arranging to meet with an online acquaintance in secret - genital injury to self or others - forcing other children of same age, younger or less able to take part in sexual activities - sexual activity e.g. oral sex or intercourse - presence of sexually transmitted infection (STI) - evidence of pregnancy

13 to 17 years

   	- solitary masturbation - sexually explicit conversations with peers - obscenities and jokes within the current cultural norm - interest in erotica/pornography - use of internet/e-media to chat online - having sexual or non-sexual relationships - sexual activity including hugging, kissing, holding hands - consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability - choosing not to be sexually active

	• accessing exploitative or violent pornography • uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing • concern about body image • taking and sending naked or sexually provocative images of self or others • single occurrence of peeping, exposing, mooning or obscene gestures • giving out contact details online • joining adult- only social networking sites and giving false personal information • arranging a face to face meeting with an online contact alone
	• exposing genitals or masturbating in public • preoccupation with sex, which interferes with daily function • sexual degradation/humiliation of self or others • attempting/forcing others to expose genitals • sexually aggressive/exploitative behaviour • sexually explicit talk with younger children • sexual harassment • non-consensual sexual activity • use of/acceptance of power and control in sexual relationships • genital injury to self or others • sexual contact with others where there is a big difference in age or ability • sexual activity with someone in authority and in a position of trust • sexual activity with family members • involvement in sexual exploitation and/or trafficking • sexual contact with animals • receipt of gifts or money in exchange for sex

The NSPCC identify harmful sexual behaviour as including:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- full penetrative sex with other children or adults

Risk Assessment and Management Plan (RAMP)

When there has been a report of **sexual violence**, the designated safeguarding lead (or a deputy) should make an immediate RAMP, and where there has been a report of **sexual harassment**, the need for a RAMP should be considered on a case-by-case basis.

In regards to this guidance, the focus is on the alleged perpetrator or pupil who may be a risk to others and how this RAMP should be approached in order to support the pupil and decrease any risk to others. As a guide using Brook's traffic light system above, a RAMP is deemed suitable for **RED** behaviours and not **GREEN** or **AMBER**. For **AMBER** behaviours possibly a more informal support plan may be appropriate, but each DSL will of course make that decision on a case by case nature.

In developing the RAMP, we do have a balancing act to perform in that we need to safeguard the victim and the wider pupil body, but also provide the alleged perpetrator with an education, safeguarding support as appropriate, and possibly implement any disciplinary sanctions.

We must:

- consider the age and the developmental stage of the pupil
- consider the proportionality of any responses, e.g. sanctions, due to individual circumstances as listed previously in the document
- ensure if the pupil does move schools, that the new educational institution is made aware of any ongoing support needs and where appropriate, potential risks to other children and staff
- ensure communication is continuous with the parent/carer of the pupil who may well be struggling to cope with a report of their child being a risk to others
- balance the safety of others with any restrictions which may be placed on the pupil

When creating the RAMP there are specific things to consider and the list below gives a guide to some of those considerations:
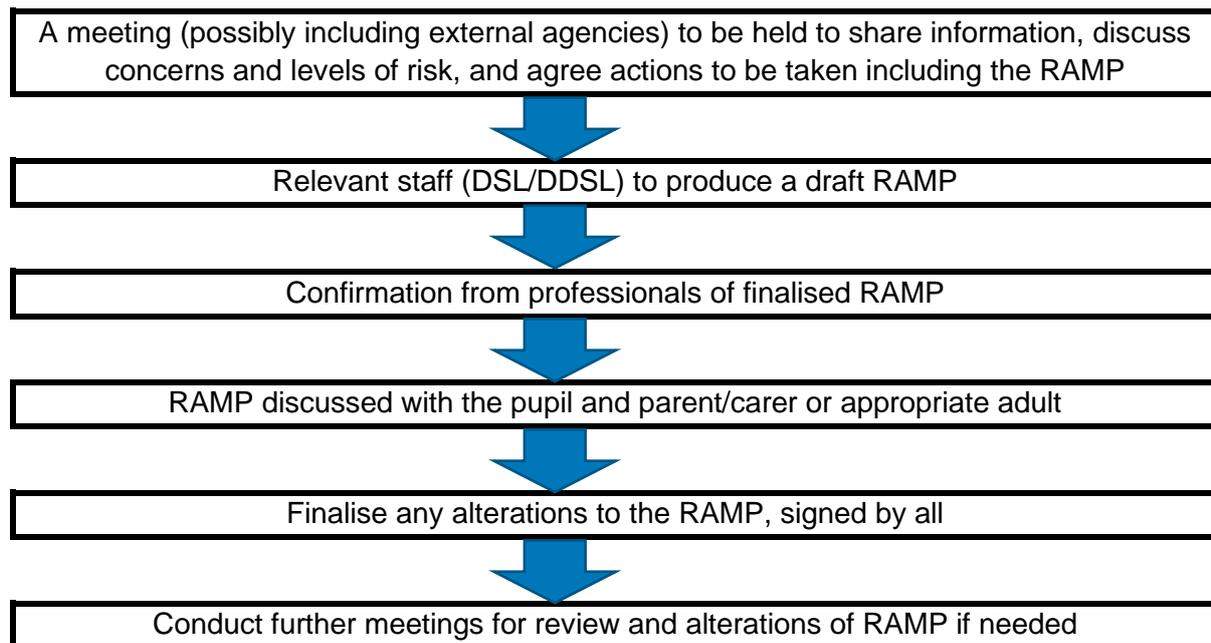
Teaching and learning
- What is the current level of supervision, is this appropriate and are relevant staff aware? - Who is responsible for discussing the pupil's risk and needs to other staff? - Are the seating arrangements satisfactory? - Are there times when the pupil is allowed to leave the class during class times? - How is sex and relationships education managed and does the pupil need further information? - Are there particular areas of risk in the class e.g. when the teacher is occupied with other pupils, and how can this be managed? - How will risk be managed during off-site activities - school trips, work experience etc.?
Unstructured times
- Have there been concerns about the pupil's sexual behaviours in school when out of the classroom? If so, who were the behaviours directed to and in what circumstances? What pupils may be particularly vulnerable and how can this be managed? - Does the location of the toilets cause a problem? Does more than one class share them? Are particular rules required for going to the toilet? - Are there rules about showering, dressing and undressing for PE that need to be considered? Are staff able to supervise changing appropriately and according to the needs and age of the pupils concerned? - Are there rules about physical contact during play that needs to be considered? - Has the pupil a history of absconding? - Does consideration need to be given to use of school technology? Is school technology (computers, laptops, tablets, iPads etc.) monitored to ensure that pupils are following the School's Acceptable Use Policy? - What are the arrangements for the pupil to get safely to and from school?
Outside area
- Are there areas within the school and grounds that are unsupervised? - Are there any other building issues that may increase risk? e.g. building works, co- located school, communal play ground? - Is there a need to make certain areas 'out of bounds' either for the time being or permanently? - Can you involve more staff to engage pupils in constructive play/conversation to encourage them to be more interactive and, therefore, less open to inappropriate play?
Pupils
- Have all pupils been taught about keeping safe? Is any additional input needed due to the current concerns (either individual/group work or as a whole class? Who will take responsibility for coordinating? - Are all pupils aware of who they can go to if they have a worry? - Do all pupils feel that they are listened to and are confident that appropriate action will be taken?

- If primary, have all pupils completed a Safety Circle (Foundation/KS1) or a Network of Support (KS2)?
- If secondary, are pupils aware of who they can speak to/who their support networks are in school (including school nurse etc.)?

Individual work

- Who will to talk to the pupil about their sexual behaviours if the need arises? Will this staff member require any support?
- What are the arrangements for reporting, recording and monitoring the pupil's behaviour? Who will be responsible for monitoring and updating the chronology?
- Are there clear boundaries and expectations of acceptable behaviours?
- What work is being undertaken to address the pupil's unmet needs in relation to sexual behaviour? What support has the pupil been offered to be safe in school?
- What support is in place to reduce the risk of isolation and to encourage the pupil to enjoy and achieve?
- Are there any additional factors to consider in relation to the pupil's age, sex, race, religion, disability, mental / physical health or other?
- 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?

When it is assessed that behaviour, or potential behaviour, may be a risk to others and a RAMP is to be produced, a process should be actioned as follows:

A meeting (possibly including external agencies) to be held to share information, discuss concerns and levels of risk, and agree actions to be taken including the RAMP

Relevant staff (DSL/DDSL) to produce a draft RAMP

Confirmation from professionals of finalised RAMP

RAMP discussed with the pupil and parent/carer or appropriate adult

Finalise any alterations to the RAMP, signed by all

Conduct further meetings for review and alterations of RAMP if needed

ANNEX A: Risk Assessment and Management Plan Template

Risk Assessment Management Plan

Name of pupil		Academy	
Date of birth		Date RAMP written	
Class/form		RAMP written by (staff)	
Parent/Carer given copy		External Agencies involved (if relevant)	

Give an overview of the incident / reason this RAMP is being produced
Please refer to any existing safeguarding documentation which may be on file

What are the risks?	Who might be at risk?	What actions have been taken to minimise risk? List the control measures already in place	Risk rating: H, M, L? See below	Further actions to take? (if so what, by whom, and by when?)	Action Completed: date completed and sign.	Risk rating: H, M, L? See below
1.						
2.						

3.						
4.						
5.						

Risk Rating
The risk rating is used to prioritise the action required. Deal with those hazards that are high risk first.

Risk Rating	Description	Action Priority
High	Where harm is certain or near certain to occur and/or major injury or ill-health could result	Urgent action
Medium	Where harm is possible to occur and/or serious injury could result e.g. off work for over 3 days	Medium priority
Low	Where harm is unlikely or seldom to occur and/or minor injury could result e.g. cuts, bruises, strain	No action or low priority action

Signature of Lead Staff: **Signature of Parent/Carer (if appropriate):**

Print Name: **Print Name:**

Review Date:

Communication and Review
This RAMP should be communicated to all staff who may come into contact with the risks being assessed. The assessment must be reviewed regularly, or following a significant change or incident.

We believe, you achieve

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