

Harmful Sexual Behaviour – How to Write Referrals

Writing effective referrals to access services from Children's Social Services



Contents

Introduction	2
Purpose.....	2
Making an Effective Referral.....	3
Section 1 - Background information about the child/ situation.....	3
Section 2 – Interventions - actions that have already taken place	4
Section 3 – Request - What intervention or help do you want?.....	4
Section 4 - Outcomes - Possible consequences (if no intervention is made).....	4
Example Referral.....	4
Background	4
Interventions	6
Request	7
Outcomes	8

Introduction

Sometimes our professional interventions to respond to harmful sexual behaviour in children and young people have a limited or ineffective impact, or other safeguarding concerns have arisen. As a result, you may feel a referral for assessment and intervention by Children's Social Services is necessary. Interventions by Children's Social Services are needed to ensure children and young people are provided with the appropriate help they need, as well as setting structures in place to safeguard them and other young people around them.

Purpose

The purpose of this document is to help schools and other organisations (such as care facilities) write effective referrals to their local Children's Social Services, to request help and intervention in relation to harmful sexual behaviour being displayed by a child or young person. The intention is to make this process as clear and straightforward as possible, resulting in a positive response from the body you are requesting help from.

This guide detailed below has been developed over the 10 months of service delivery by the Harmful Sexual Behaviour Support Service practitioners and is an example of good practice.

Legislative framework

It is important to understand what the thresholds for intervention are, be that early help services, social work services or child protection. Services are governed by the **Human Rights Act 1998**. Article 8 states that 'Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary...'

In some cases that you are working with, the behaviour may not reach the threshold for statutory services. In these instances a conversation with the local authority early help service is recommended. Despite interventions already employed by the school, the child or young person may need additional support to address the concerns. The family must be in agreement for this level of support.

Section 47 of the Children Act 1989 places a duty on the local authority to investigate if they have reasonable grounds to suspect a child is suffering or will suffer significant harm. This is

a 'must'. Section 17 places a duty on the local authority to assess if a service is required to safeguard and promote the child's welfare. It states they 'may'.

Each local authority area will have local safeguarding arrangements (this replaces Local Safeguarding Children Boards), and their own referral pathways. This will be outlined in their Safeguarding Procedures (usually online) and in their "Thresholds Document". We recommend that you familiarise yourself with these for your organisation.

Making an Effective Referral

Below is a four-step plan to help you make an effective referral. The practitioners on the Harmful Sexual Behaviour Support Service have developed this resource and this approach to creating effective referrals drawing on experience in assisting schools and organisations to get the interventions and help requested from local children services. . Most local authorities will have a process in place to make requests, it is important that you familiarise yourself with these processes. Irrespective of referral mechanisms, using the format below will help structure your request, ensure you have included all the relevant information needed and present the information in an efficient way.

To avoid the frustration of "this does not meet our threshold", it is important to organise your thoughts, and frame your referral.

If you are concerned that a crime has taken place and/or a child is at risk of immediate danger, please contact the police by calling 999 in an emergency or 101 for a non-emergency.

1. Background information about the child/ situation

This will likely be the most extensive section in the document. It is essential to detail everything concerning the child or young person so that the person reading the request fully understands the situation.

Keep it factual, do not include opinions or emotions into this section. Try and write it in chronological order. At this stage, there is no requirement to detail what actions you or your workplace have taken (this is documented in section 2 at 'interventions'). By keeping this to the facts (in date order), the recipient can clearly and concisely understand the situation you are reporting or asking for assistance with.

2. Interventions - Actions that have already taken place

This section shows what work you and your organisation have already undertaken. Detail all the work you have done with the child or young person, and most importantly, the impact or effect that this has had, both positive and negative. Don't forget to record other actions you may have undertaken, for example, discussions with the parents, other organisations and changes to safeguarding practices you have made. Again, try to keep it factual and in date order so that the reader clearly understands the actions and outcomes.

3. Request - What intervention or help do you want?

Set out clearly what you are requesting and what you think is needed. If you don't detail what you want, it leaves it to the recipient to guess what they are expected to do next. Most submissions are rejected at this stage because there is no explicit request for help.

4. Outcomes - Possible consequences (if no intervention is made)

Having told the recipient the background, your interventions and what you think needs to happen next, you now need to detail what you think will happen if the referral is rejected.

It is important to frame this from a child-centred perspective. Detail what the potential outcome for the child will be should there be no intervention resulting in no change in the situation/behaviour. This shows that, in your professional opinion, there is a duty to assess this case to 'safeguard and promote the welfare of the child'.

Example Referral

Below is a fictitious example of a referral created following the guidance above.

Background

John Smith is a 10-year-old boy attending a Primary School in Year 6. He lives with his paternal grandmother, and with his sister, aged 5. His sister also attends the same school. Both children were removed from their parents' home due to neglect and drug and alcohol issues and placed with the grandmother. He has limited contact with his parents.

For the last seven months, John has started to display harmful sexual behaviours, which are escalating in frequency and severity.

September 2021

John returned to school following the summer holidays. Staff noted that he was making noises imitating people having sex, in an exaggerated manner (groaning, moaning, screams of pleasure mimicking a female) in class and on the playground. They also noted a distinct lack of engagement in class.

September 2021

John was seen in the playground simulating a sex act with another boy. He stood behind the child thrusting backwards and forwards into the child's bottom, making sexual sounds. John spoken to regarding this behaviour, an additional call to grandmother made who agreed to support any intervention the school wanted to put in place.

October 2021

John produced a drawing in the class of a penis.

John continues to make noises imitating people having sex, in an exaggerated manner (groaning, moaning, screams of pleasure mimicking a female) in class and on the playground.

November 2021

Sexual sounds continue.

On four recorded occasions, John was seen to have his hands down the front of his trousers and touching his genitals while sitting at his desk in class.

January 2022

A Year 6 girl disclosed to a teacher that John had touched her breasts over her clothing in the PE Area.

Sexual sounds as described above have not continued; however, sexualised language has increased with words like "pussy" being used in referring to girls' private parts and asking female students if they would like a "pearl necklace" (a colloquial term for the spots of semen left on a woman's neck and chest after a man ejaculates between her breasts).

John also asked a female teaching assistant if she thought he was "sexy". Conversation held with local children's service to discuss concerns and agreed that school would continue to work with the family to manage the behaviour.

February 2022

John has been seen to lead a group of boys in his year in a game called 'titty touching' while on break and at lunchtime. A variation on the game of tag. This group chases girls in the playground and touches their breasts over their clothing when caught or tagged.

John asked a female staff member if he could see her 'pussy' and told other female staff members that he thought they were pretty.

March 2022

Four female students in Years 4 and 5 disclosed that John touched their bottoms by placing his hand under their skirts. Another Year 4 girl disclosed that John had threatened to beat up her brother if she didn't pull down her underwear and show him her genitals.

John disclosed that he shares a room with his 5-year-old sister and that they often 'sleep' together in the same bed. DSL discussed concerns with grandmother and action was to refer to children social care.

Interventions

The school has been proactive in attempting to address the behaviours displayed.

We have used NSPCC resources, including 'PANTS', 'It's Not Ok' and 'Turn The Page' both directly with John and as a more comprehensive school PHSE effort which led to several disclosures as detailed above. When challenged about the words like pussy and pearl necklace, John has turned this into an innocent request, saying he was asking about a staff member's cat or giving a girl a gift like the necklace his grandmother wears.

John's grandmother has been spoken to on several occasions about the behaviour. She is finding it increasingly difficult to assist with John's behaviour, which she has confirmed is also displayed at home with sexual noises and inappropriate language. She confirmed that John has internet access but admits she knows nothing about technology and does not know what he does online. We have sign-posted her to practical resources like the UK Safer Internet Centre and the NSPCC.

On each occasion HSB has been displayed, we have conducted a risk assessment and applied the Brook Traffic Light System to check if the behaviour displayed is identified in this tool as concerning. We have recorded our concerns, actions and rationale on our safeguarding system. In the beginning, the behaviour was Green. As the behaviour has continued, this has

increased to AMBER and now RED with the addition of the use of threats of violence and coercion according to Hackett's HSB continuum.

We adopted a 'whole school approach' by sharing these concerns with breaktime supervision staff. RSE/PSHE lessons will incorporate sessions on inappropriate touching and behaviour.

At each incident, we have also looked at our safeguarding plan, including Hot Spot areas, toilets, and changing facilities.

As the seriousness of the incidents has increased, we have implemented measures like positive reinforcement cards, supervised break and lunch times, and escorted toilet breaks. John has been internally excluded on several occasions with 1-to-1 intervention and supervision and was externally excluded for four days.

We have introduced physical worry boxes and electronic reporting facilities for students, staff and parents to enable more accessible disclosures.

Where staffing levels allow, a male member of staff supervises John.

We have spoken to the Harmful Sexual Behaviour Helpline, which has assisted in looking at safeguarding plans, and further resources provided by other organisations like the NSPCC NCALT program.

We have previously submitted a referral requesting additional support, but this was rejected as 'not meeting the threshold.'

Request

In our professional opinion, this case crosses the threshold for statutory intervention. We believe the following is necessary:

1. A family assessment to:
 - a. Identify Grandmother's capacity to parent John, specifically around her ability to manage his behaviours at home
 - b. Understand where the behaviours are coming from. John is displaying sexual behaviour above and beyond his age and understanding which we believe may be influenced either by other people or him accessing porn on his computer
 - c. Safeguard John's younger sister. From what John has said, we believe there is a real risk of his sister being the victim of his harmful sexual behaviour

2. Specialist intervention for HSB either by a qualified local specialist or the NSPCC NCALT program. John's behaviour has escalated, and despite the interventions, we have put in place, he is still intent on assaulting other students in the school and shows no sign of stopping this behaviour. He is putting other children at risk
3. The opportunity to share information gathered through the assessment and discuss how we can use this information to effectively safeguard John, other students and school staff

Outcomes

Despite our interventions, the behaviour is not changing. Continued 1-2-1 support is not sustainable both with staffing and financially, as well as the negative impact on John's mental health, social skills and academic achievement.

Should the behaviours continue within the school, we will have no choice but to permanently exclude John. We have a duty of care to the other students and our staff. It is because of our duty of care to John that we are making this referral. John and his family need help. His escalating behaviour puts him and his family at risk. It also potentially puts other children in the community at risk.

Criminal behaviour, like sexual touching, will be referred to the Police. John and his family are aware of this, and the board of governors has supported this.

This referral has been recorded on our safeguarding system and disclosed to the board of governors.