



2018-19



Where were we?

- HSB procedures were not being used effectively raising concern that a number of young people displaying harmful sexual behaviours were not being highlighted or supported.
- HSB lead provides advice and consultation regarding Harmful Sexual Behaviour and chairs all HSB meetings.
- Therapeutic social worker has limited capacity to undertake intervention with children and young people and as such has a threshold of Amber/Red behaviours. Social workers are therefore expected to undertake direct work with children and families whose behaviours are Green/Amber.
- Social Workers do not feel confident to undertake direct work outside of basic 'pant rule' or Good touch/bad touch.
- YOS, and Therapeutic Social Worker are trained in AIMS 2. There has been a change of Team Manager within the Safeguarding and Improvement Unit and the new lead for HSB is yet to undertake AIMS 2 training.

What have we done?

- A task and finish group was established to develop the operational and strategic response to HSB.
- A sub group formed to identify staff training and development needs.
- AIMS 2 training has been held for 60 qualified and experienced social workers. However
 the majority of AIMS 2 assessments continue to be undertaken within the Youth
 Offending Service by the allocated worker
- Training is available to Team Managers across CFS in supervising workers undertaking AIMS 2 assessments.
- HSB Policy has been developed and updated through the HSB development group.
- Strategy discussion and Single Assessment Framework Step within mosaic have had an HSB step added which is mandatory. This can lead to a process of a meeting request being made which is evident on Mosaic. This has been achieved at the end of the period and therefore not able to report on the impact.

What else do we need to do?

- Now that the HSB policy and procedures have been updated they need to be distributed and inform knowledge and understanding throughout CFS regarding the risk assessment tools and process for HSB. This will improve frontline staff knowledge of them and therefore consistency in their application.
- Development of utilising the skills of the 60 staff trained in AIMS 2 to support the
 therapeutic lead from YOS. For the trained staff to be offered the opportunity to
 undertake the Good Lives training to enable them to undertake the therapeutic
 intervention. This will enable us to more effectively meet the needs of more children.
- Regular Staff group training/briefing on updated procedures to be undertaken.
- Analysis of the data collected from mosaic with the use of the newly created HSB step.
 For this analysis to identify the pathway and intervention for children defined as meeting the threshold for an HSB meeting and to also identify the pathway and intervention for children that do not meet the threshold.
- Link with Safeguarding in Education development officer to ensure training and advice/consultation to local schools/colleges Designated Safeguarding Leads (DSL) is up to date and in line with HSB developments
- HSB lead (SIU) and 4 IRO's to be trained in AIMS 2 and Good Lives model. This will
 enable a more effective service in provision of meetings and increase capacity.
- Development of Signs of Safety within the meeting structure for HSB. To enable the meetings to be more child and family focused and ensure inclusion.

What difference have we made?

- 2017-2018 we have received 38 referrals and chaired 9 HSB meetings for young people and ensured they are offered the right level of intervention to address their needs. For the children that did not meet the threshold recommendations were for basic intervention from the allocated social worker.
- Managers across CFS have undertaken Supervising AIMS training and are able to support social workers managing cases of HSB
- Training to CFS staff in Brookes traffic lights continues to be on a rolling programme and
 has given staff a basic understanding of HSB thresholds and contextualised age
 appropriate healthy sexual behaviour.
- AIMS 2 training to 60 social workers has reduced the gap for young people who do not
 meet the YOS thresholds but display HSB in accessing risk assessments and intervention
 programmes.

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