



## Parent / Carer details

Please provide details of all Parent/Carers and other significant adults in household.

#	Full name	Date of Birth	Parental Responsibility		Relationship to Child
1			Yes	No	
2			Yes	No	
3			Yes	No	
4			Yes	No	

Is an interpreter required:

Yes      No

## Professionals details

**Other agency/professional involvement** (*i.e. Police, CSC, Family Support etc*):

**GP details** (*Please include name, address and contact number*):

## Who is completing the Assessment Tool

**Name:**

**Job Title/Role:**

**Agency/organisation:**

**Address:**

**Contact Details:**

**Date Screening Tool commenced:**

## **REASONS FOR COMPLETING THIS ASSESSMENT:**

To identify children who have been subject to Harmful Sexualised Behaviours / or have been identified as possible perpetrators of Harmful Sexualised Behaviours.

**Details of suspected victims (if different to above:**

**Details of suspected perpetrators (if different to above:**

### **Risk Indicators:**

These risk indicators are not exhaustive; they are the most commonly recognised and may indicate a risk of HSB; there may be other relevant factors present which require consideration and analysis. Please indicate a level of risk and analysis against **ALL** of the below risk indicators. Please **tick** against each risk bulletin point that is relevant to this child.

### **Risk indicator 1 - Lived Experiences of the child**

Has the child spent their early years or most of their life in a dysfunctional family?

What has been the pattern of the child's care (removed from the care of the family)?

Has the child been subject to domestic violence/abuse or the perpetrator of domestic abuse? Has the child been subject to adult substance misuse?

Family separation/bereavement/imprisonment? Are there any parental health needs/disabilities?

Who are the most significant adults in the child's life?

Do the most significant adults have a history of not addressing their own traumas/problematic behaviours? Is there criminality/anti-social behaviour in the family?

Has the child experienced significant physical, emotional, sexual abuse or neglect?

Has the child been subject to poor nutrition?

Has the child experienced trauma (PTSD) or similar?

How does the child view themselves, ie self-esteem and confidence?

Are there any poverty/debt/financial pressure in the family?

**Analysis:**

**Additional information**

**Risk indicator 2 - Select the Learning Needs/Development Mapping that apply:**

Is there any history of additional needs eg speech and language, learning needs, medical diagnosis such as ASD/ADHD, learning disability, please provide details.

Do they have an Education Health Care Plan?

Generally, highly impulsive/compulsive.

Has difficulty emotionally regulating self.

Late language development.

For a young person whose cognitive/developmental profile is below their chronological age then the appropriate stage of development should be used as a guide: e.g. 15 year old boy with developmental age of 10 – use 8-12 years.

**Analysis:**

**Additional Information:**

### **Risk Indicator 3 - Select the Non-Sexual Behaviours that apply:**

Has the child a history of aggressive behaviour, who was this directed at?

Has there been a recent escalation in the child's aggression or hostility towards others.

Does the child have a history of cruelty to animals, description of the event?

Previous non-sexual offences, criminal convictions what, where and when.

Peer group is predominately pro-criminal who is part of their peer group?

Does the child identify with younger children?

Does the child have any daily structure or pro-social activities?

Is the child socially isolated?

Has the child previously been excluded from school (which school and for what reason/was this in respect of sexualised behaviours)

Misuses substances, which substances, how often, how are they financing their misuse?

Is the child exhibiting pervasive anger?

Is the child non-compliant towards supervision?

Does the child have poor assertiveness skills?

Has the child previously been sanctioned for sexually abusive behaviour?

**Analysis:**

**Additional Information:**

#### **Risk Indicator (4) - Sexually Abusive Behaviours:**

Has the child displayed any problematic sexual behaviours commenced pre puberty and continued into adolescence?

Is there any evidence of previous contact/non-contact sexually abusive behaviours (including previous convictions or admissions) including voyeurism, exhibitionism?

Are there any previous allegations of sexually abusive behaviours (but no conviction or admission)?

Has the child sexually abused a stranger?

Used or threatened violence during a sexual assault?

Has the child sexually abused 2 or more victims?

Has the child abused male or female victims/or both?

Has the child displayed abusive behaviour included penetration or attempted penetration?

Has the child abused one or more victims on more than two occasions?

Are the offence(s) appear(s) based on grievance or revenge?

Has the child abused or attempted to abuse another person in their current living environment?

Did the problematic sexual behaviours commenced pre puberty and continued into adolescence?

Does the child frequently masturbate/sexual thoughts/use of pornography (out of the remit of normalised sexualised thoughts and feelings)

Has the child had sadistic or violent sexual thoughts, Has self-reported a sexual interest in children, Has beliefs that minimise or support sexually abusive behaviours, has obsessive/ is preoccupied with sexual thoughts/pornography?

#### **Analysis:**

#### **Additional Information:**

**Views of the child or young person:**

What are the identified/ potential risks?:

Does this child or young people want/need any support:

Has the child/young person contributed to this assessment:

Yes

No

Unknown

If no please explain why:

**Views of the parent / carer:**

What are the identified/ potential risks?:

What support does the parent/carer want/need?:

Views of other professionals:

**Overall Analysis:**

Analyse the information you have gathered during this assessment and what this is telling you about the child, their life, and any protective factors. Consider if this is a repeat referral, any information that is missing from agencies, any grey areas and any other information which may be relevant and indicate a risk. Please make an initial judgement about the level of their risk posed by their possible HSB for the child.

**Detail date referral was received / by who / and initial concerns:**

**Please provide details of your overall views and analysis:**

**Overall Assessed Level of Risk:**

## **Calderdale's Harmful Sexualised Behaviour Risk Assessment Decisions and Further Action:**

Please formulate a robust safeguarding plan in conjunction with the child, family, and other professional involved, in accordance with the Local Authority / Safeguarding Children Partnerships procedures.

**Recommendations of potential further action and support services:**

### **TO BE COMPLETED BY THE HSB PANEL ONLY**

Date risk assessment received into the hub:

Date risk assessment discussed at daily meeting by the hub:

Which worker/ agency (from the hub) will follow up consultation/joint visit:

Date contact made with the referrer:

**Advice or action taken:**