Safeguarding Week

Introduction to FCAMHS
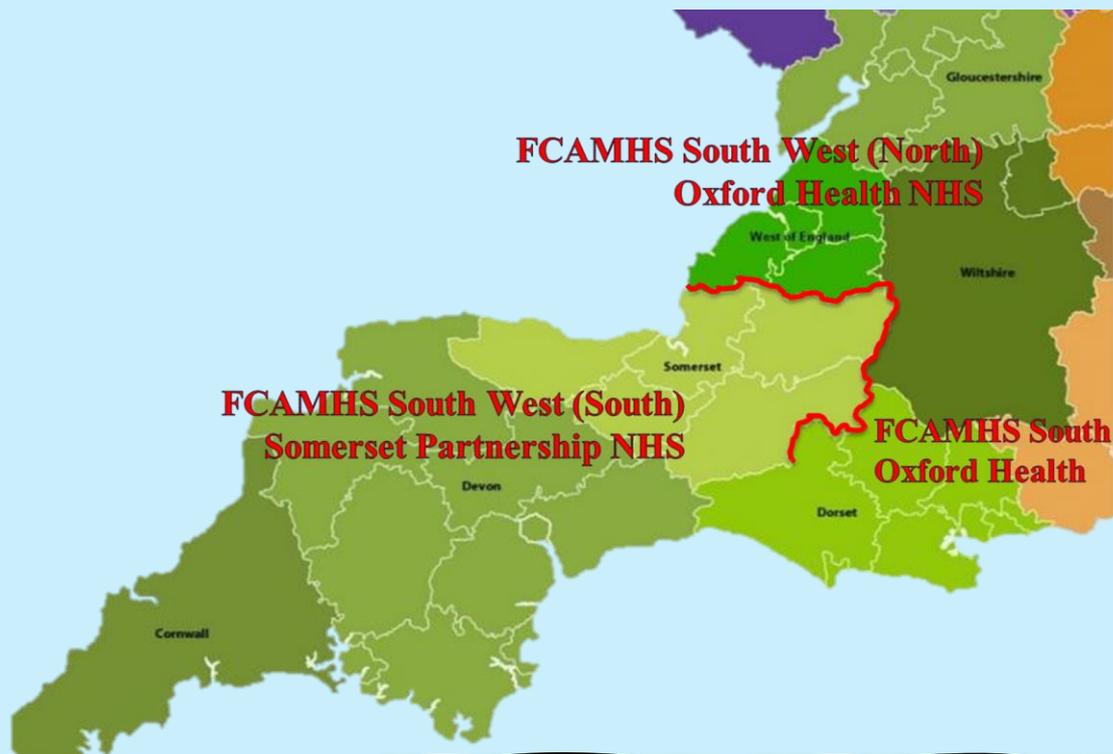
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These slides are a collective effort by FCAMHS, so a huge thanks to our colleagues: Jim Williams, Manon Van Elst, Vic Ware, Dan Cooper, James Randall

Overview of Forensic CAMHS

- Specialist NHS service covering Somerset, Devon, and Cornwall.

- Psychology led

- Provides consultation, advice, specialist assessments and signposting to professionals

- Aims to work with professionals to have a shared understanding of risk behaviours and provide advice to manage it

FCAMHS South West (North)
Oxford Health NHS

FCAMHS South West (South)
Somerset Partnership NHS

FCAMHS South
Oxford Health

Our Team:
- Clinical Psychologist (Clinical Lead)
- Specialist Mental Health Nurse
- Specialist Social Worker
- Occupational Therapist
- Forensic Psychologist
- Consultant Psychiatrist
- Assistant Psychologist
- Senior Team Secretary

NHS

Young People and FCAMHS

Risk of Harm to Others
- Harmful Sexual Behaviour
- Significant violence
- Fire setting

A Mental Health Need
- "Formal" mental health diagnoses (such as psychosis, anxiety, depression)
- Neurodevelopmental needs (such as autism, ADHD, chromosomal disorders)
- Developmental trauma

What We Do

Advice, Consultation & Supervision

- Triage and urgent recommendations
- Multi-agency information & fact finding
- Psychological formulation
- Ongoing Clinical supervision

Specialist Risk Assessment

- Risk
- Harmful & Reactive Sexual Behaviours
- Violence (inc. MAPA)
- Counter-terrorism (including PREVENT)
- Fire Setting
- Mental Health
- Autism and ADHD
- Sensory preferences
- Childhood attachment
- Suicide
- Trauma & personality
- Genetics & FASD
- Substance misuse
- 'common' mental health

Direct Intervention

- Only when local services cannot complete this work.
- Informed by the previous consultations and assessments.
- Bespoke to the young person, their presenting needs, and never the same!
- We do not offer direct work to most young people on our caseload.

Definitions

Sexual Exploitation: a type of <u>sexual abuse</u>. When a child or young person is coerced, manipulated or deceived into sexual activity in exchange for things that they may need or want like gifts, drugs, money, status, and affection.

- Doesn't always involve physical contact – can occur via technology

Harmful sexual behaviours (HSB): sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person, or adult (Hackett, 2014)

Thinking about (unhelpful) terminology… And the impact of terms such as 'sexual offender', 'young abuser', 'perpetrator', 'paedophile' , 'child pornography' etc. on the young person and others around them.

Sexually reactive behaviour is the preferred term in pre-pubescent children (approx. under 10 years old) due to child abuse/sexual exposure origins.

Hackett's Continuum

Developmentally typical	Problematic		Harmful	
Normal	**Inappropriate**	**Problematic**	**Abusive**	**Violent**
• Developmentally expected and socially acceptable behaviour • Consensual, mutual and reciprocal • Decision making is shared	• Single instances of developmentally inappropriate sexual behaviour • Behaviour that may be socially acceptable within a peer group but not in wider society • May involve an inappropriate context for behaviour that would otherwise be considered normal	• Developmentally unusual and socially unexpected behaviour • May be compulsive • Consent may be unclear and the behaviour may not be reciprocal • May involve an imbalance of power • Doesn't have an overt element of victimisation	• Intrusive behaviour • May involve a misuse of power • May have an element of victimisation • May use coercion and force • May include elements of expressive violence • Informed consent has not been given (or the victim was not able to consent freely)	• Physically violent sexual abuse • Highly intrusive • May involve instrumental violence which is physiologically and/or sexually arousing to the perpetrator • May involve sadism
How to respond • Although green behaviours are not concerning, they still require a response • Listen to what children and young people have to say and respond calmly and non-judgementally • Talk to parents about developmentally typical sexualised behaviours • Explain how parents can positively reinforce messages about appropriate sexual behaviour and act to keep their children safe from abuse • Signpost helpful resources like our 'Talk PANTS' activity pack: nspcc.org.uk/pants • Make sure young people know how to behave responsibly and safely	**How to respond** • Amber behaviours should not be ignored • Listen to what children and young people have to say and respond calmly and non-judgementally • Consider the child's developmental age as well as their chronological age, alongside wider holistic needs and safeguarding concerns about the problematic sexualised behaviour • Follow your organisation's child protection procedures and make a report to the person responsible for child protection • Your policy or procedure should guide you towards a nominated child protection lead who can be notified and will provide support • Consider whether the child or young person needs therapeutic support and make referrals as appropriate		**How to respond** • Red behaviours indicate a need for immediate intervention and action • If a child is in immediate danger, call the police on 999 • Follow your organisation's child protection procedures and make a report to the person responsible for child protection • Your policy or procedure should guide you towards a nominated child protection lead who should be notified and will provide support • Typically referrals to children's social care and the police would be required. Referrals to therapeutic services should only be made once statutory services have been informed and followed due procedures	

Indicators of Problematic or Harmful Behaviour

If the behaviour seems to go beyond curiosity, this might indicate that it is problematic or harmful

Consider:

- Age of the young person displaying the behaviour (chronological and developmental)
- Age of the other young people involved
- Is the behaviour unusual for that young person?
- Have all the young people freely given consent? – are they old enough to consent?
- Are the other young people distressed?
- Is there an imbalance of power?
- Is the behaviour excessive, degrading, or threatening?
- Is the behaviour occurring in a public or private space?

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Brook Traffic Light Tool

	Green	Amber	Red
	Green behaviours reflect safe and healthy sexual development. They are displayed between children or young people of similar age or developmental ability reflective of natural curiosity, experimentation, consensual activities and positive choices	Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be of potential concern due to age, or developmental differences of potential concern due to activity type, frequency, duration or context in which they occur	Red behaviours are outside of safe and healthy behaviour. They may be excessive, secretive, compulsive, coercive, degrading or threatening involving significant age, developmental, or power differences of concern due to the activity type, frequency, duration, or the context in which they occur
	Green behaviours provide opportunities to give positive feedback and additional information.	Amber behaviours signal the need to take notice and gather information to assess the appropriate action	Red behaviours indicate a need for immediate intervention and action
Age 0-5	• 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	• 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	• 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
Age 5-9	• 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
Age 9-13	• 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 peers	• 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
Age 13-17	• 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 money

5P Formulation

Protective
(good things that can strengthen them and the limitations of these!)

Predisposing
(Vulnerabilities)

Precipitating (recent events, traumatic experiences, stressors)

Presenting Problems
(symptoms, impact on functioning, risk to self, others)

Plan

Perpetuating
(what's keeping the problem going?)

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Trauma Recovery Model

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Good Lives Model

Case Study – "Jake"

- Jake is 16.

- He has an autism diagnosis

- He's been a Looked After Child since he was 11.

- He has had 12 social workers,

- He's now been in the same placement for 3 years, with high levels of supervision

- He's placed out of county

- His placement is unstable due to aggression

- Presented with sexualised behaviour towards his 5-year-old brother which led to him becoming looked after.

- He was referred to Forensic CAMHS because he has been "gravitating towards" younger children

What FCAMHS did

- Brought the network together and offered a formulation in respect of safer planning

- Identified restrictive practice without any supporting assessments

- Used the Good Lives Model to support positive identity building

- Instructed an AIM 3 assessment and a capacity assessment.

- AIM identified he was actually low risk and highlighted Jake had no life story work meaning he hadn't processed grief, loss, harm that he had experienced

- During AIM 3 work, Jake began to make disclosures about mum's ex-partner which were confirmed by mum.

- Identified that he had adopted "paedophile identity" as that was what he had been called since age 10.

- Cognitive assessment identified he is borderline LD. Assessments are now being undertaken to support with transition to adult care in supportive way.

- Life story work is now being undertaken to help him make sense of is past (3rd layer of Trauma Recovery Model)

We have not seen any behaviours since his needs started being met by the Good Lives Model.

Case Study – "Millie"

- Millie is 15, in year 11

- She lives at home with her mum and younger brother. She was estranged from dad and his new family.

- The relationship between Millie and her mum had become turbulent – mum and dad seeing Millie as the problem

- She has assaulted peers at school (and teachers responding to the fight)

- She was permanently excluded from her last school, accessing alternative provision sporadically

- Suspect cannabis use

- Hanging out with older peers

- Lots of mispers

- Nocturnal

What FCAMHS did

- Offered formulation

- Identified that Millie had minimal protective factors

- Advised a focus of intervention should purely be relational, using a trauma-informed response and considering the Trauma Recovery Model base layer

- Building on the safe adults she had

- Alternative education provision to create sense of safety – predictable, consistent adults rather than focus on academics

- Mum supported to put more boundaries at home – relational rather than punitive approach to anchor. Strengthened mum as a protective factor.

- Mum was supported to see Millie not as the problem but communicating that she was in distress but didn't have the words

- Stability THEN led to Millie making a disclosure about sexual harm through exploitation (which had been leading to the aggression seen)

- Millie was provided with a specialist CE worker

- Through the Good Lives Model, Millie was supported to get back into academics and think about her future aspirations, building on her self esteem, interests and strengths (factors which can mitigate risk)

Takeaway Messages

- If in doubt, check it out.

- Safeguarding team and supervision

- Follow safeguarding policy and procedures informed by the AIM 3 checklist/ Traffic Light Tool

- Remain curious! Every behaviour is a form of communication.

- Consider 'every interaction as an intervention'

- Connect before you correct. Consider the Trauma Recovery Model (disclosures, interventions, therapy)

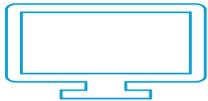- Consider the Good Lives Model - building resources might just pave the path away from risks

Contact Us

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https://www.somersetft.nhs.uk/camhs/forensic-camhs-south-west-south/

If you could provide us with feedback on the training, it would be much appreciated ☺