



Getting risk support

Warrington Graduated Response



WARRINGTON
Borough Council

1. Getting Risk Support

A. Introduction

It is commonly understood that pupils with SEND may display risky behaviours and/or be more vulnerable to risk than the wider population. It is important that alongside their skill development, as outlined through the graduated response tool, we keep pupils safe in school and the wider community.

This document has been produced as an addendum to the SEND Thrive tool, which covers the Getting Advice, Getting Help and Getting More Help parts of the Thrive model. It relates to the fourth part – Getting Risk Support – which covers aspects of SEND that typically present schools with challenges, such as responding to self-harm or harmful sexual behaviour, for example. It is intended as an initial guidance and signposting document, rather than an all-encompassing document with detailed guidance of how to respond to each need. It is intended that this document will provide schools and settings with some initial guidance for recognising, exploring and managing risk in relation to SEND. There are many other sources of information that will give a more in-depth understanding of managing risk, many of which we have provided links to. Due to the complex nature of the needs described within this document, it will be necessary for you to conduct further research into how best to respond, but we hope that this guidance will be helpful in getting you started.

A common thread that runs through each section of this document is the importance of working closely with others in relation to risk. It is important that professionals do not work in silo around matters relating to safeguarding and always involve the Designated Safeguarding Lead within their setting. Not only does a team approach benefit the pupil, as there is increased opportunity for effective support, it also contributes positively to staff wellbeing, as staff working within teams around risk are more likely to feel well supported. It is essential that there are clear structures in place within all settings in relation to safeguarding pupil and transparent plans for managing any safeguarding concerns that are regularly reviewed alongside national and local guidance.





B. Distressed Behaviour

What do we mean by 'distressed behaviour'?

We can view all behaviour as a form of communication and pupils will at times communicate their distress through their behaviour, as a way of getting their needs met. One way they may do that is through displaying physically aggressive behaviour. Physically aggressive behaviour is defined as behaviour causing or threatening physical harm towards others. It includes hitting, kicking, biting and using weapons. It can also include breaking toys or other possessions.

There are two types of physically aggressive behaviour: 'proactive' and 'reactive'. Proactive physically aggressive behaviour refers to goal-directed behaviour in which the child/ young person is generally unprovoked by others. Reactive physically aggressive behaviour occurs when a child or young person is feeling angry and is provoked by others (Kaye & Eardley, 2011). Physically aggressive behaviour does not include general behaviour that challenges or verbal comments.



Why might some children and young people display physically aggressive behaviour?

Proactive physically aggressive behaviour: Understanding behaviour as communication

Understanding why a child or young person is displaying physically aggressive behaviour can enable you to provide them with effective support and reduce the risk of the behaviour reoccurring. Functions of behaviour include expressing emotion/ emotional regulation; gaining social interaction with adults or peers; obtaining things or events; avoidance of people, situations, events, activities etc.; and trying to gain control or feel secure. It is possible that the young person may have an unmet need relating to SEND or trauma that may be underpinning the behaviour. Completing an analysis of the possible functions of a young person's behaviour can be a helpful way of understanding their behaviour, in order to provide them with alternative methods to get their needs met. ABC (Antecedent, Behaviour, and Consequence) Charts are a commonly used method of doing this. Further support can be provided by your school's Educational Psychologist.

Reactive physically aggressive behaviour: Understanding the 'fight or flight' response

Flight/ fight is the body's automatic and unconscious response to a perceived physical or psychological threat/ danger within the environment. When this happens, the emotional part of the brain takes over and so we are unable to make reasoned or informed decisions. Some pupils may therefore display physically aggressive behaviour as a result of their body's fight/ flight response. Some pupils who have experienced trauma are more likely to enter the fight/ flight response and may appear to become emotionally heightened more quickly in response to certain situations. The arousal curve (overleaf) is commonly used to depict the fight/ flight response and it can be helpful to create a plan for how you may support pupils at each stage of the curve (see table on page 232).

Further information about the flight/ flight response is available at nwbh.nhs.uk

A Note on Staff Wellbeing:

Working with children and young people who display physically aggressive behaviour can have an emotional and physical impact upon staff who support them. It is important to consider the wellbeing of these staff and how they can be supported in school.

Creating a calm classroom/ school environment

Developing a calm school environment may reduce the likelihood of pupils displaying physically aggressive behaviour and help promote feelings of safety at school. Things that can help to achieve this include:



- using behaviour management techniques that help pupils to understand and manage their emotions, such as **Emotion Coaching**;
- creating predictable classroom routines (e.g. through use of **visual timetables**);
- using **softer lighting**/ natural light and **reducing brightly coloured displays**;
- regularly engaging in **mindfulness** or **yoga**; and
- creating **calming areas** within the classroom.

De-escalation and proactive support:

Some pupils identified as being more likely to display physically aggressive behaviour may benefit from direct **teaching of emotional regulation skills**; the identification of a specific **key adult** with whom they can build a trusting relationship; the use of **social stories** in relation to the behaviour; and the development of an **agreed planned response** developed with the young person, emphasising prevention and de-escalation, e.g. **The Incredible 5 Point Scale**:

[Microsoft Word - Incredible 5 Point Scale Fact Sheet rev.2 \(autismempowerment.org\)](https://www.autismempowerment.org/microsoft-word-incredible-5-point-scale-fact-sheet-rev-2)

Physically aggressive behaviour and ‘positive handling techniques’

There may be occasions where, despite using prevention and de-escalation strategies,

Pupils continue to move up the arousal curve and display physically aggressive behaviour. When this happens, adults may be required (in extreme circumstances) to use positive handling techniques. These should only be used when absolutely necessary (i.e. where safety is compromised) and for as short a time as possible. It is important that staff are trained in how to do this safely. Common approaches used within schools include Team-Teach. It is best practice to agree any positive handling techniques with pupil’s parents/ carers. If it has been necessary to use positive handling, this needs to be clearly recorded and parents/ carers should be informed. It is best practice to ensure that staff are fully debriefed after any incidents. It is also important that reparative work is undertaken following any incidents, to

reengage the young person and repair any relationships potentially affected by the incident. Please note that in cases where pupils have experienced previous trauma, behaviours can be exacerbated by the use of restraint.

For further information see: [‘Use of Reasonable Force: Advice for Head Teachers, Staff and Governing Bodies’](#) (Department for Education, 2013).

C. Managing Self-harm

What is self-harm?

Self-harm is when someone hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. It can be the thing people turn to when they feel they have no other option.

Self-harm is any behaviour, such as self-cutting, swallowing objects, taking an overdose or running in front of cars, where the intent is to deliberately cause self-harm.

There are lots of different forms of self-harm. Some people use the same one all the time, whereas other people hurt themselves in different ways at different times.

Self-harm is not:

- A form of manipulation;
- Attention seeking;
- Done for pleasure;
- A group activity; or
- Only carried out by those who are interested in ‘Goth’ sub-culture.

Warning Signs

There may be a change in behaviour of the young person which is associated with self-harm or other serious emotional difficulties, for example:



- Changes in eating/ sleeping habits;
- Increased isolation from friends/ family;
- Changes in activity and mood, e.g. more or less irritable or aggressive than usual;
- Lowering of academic grades;
- Abusing drugs or alcohol; and/or
- Expressing feelings of failure, uselessness or loss of hope.

There may be no warning signs, and often people who self-harm go to great lengths to conceal their injuries so it can be hard to know for sure if a person does self-harm.

If you notice any change in a child or young person that concerns you, it is important to start a conversation with that child or young person. If you do not feel able to do this, ask an appropriate staff member and follow your school's safeguarding procedures.

When assessing self-harm, it is important to consider how intentional the behaviour is, the lethality of the action and whether it is a one-off act or is something that a child or young person does frequently over a period of time.

What to do when a young person discloses that they self-harm

Whether someone tells you directly or you suspect that someone is hurting themselves, it can be difficult to know what to say and how best to approach the situation. You might feel shocked, helpless, responsible or any number of difficult emotions.

There are things you can do to make a difference to someone who self-harms. How you relate to them is one of the key things that can help them feel supported. Here are some things to keep in mind:

- Try to be non-judgemental to avoid reinforcing the guilt/ shame cycle associated with self-harm.
- Let the person know that you are there for them.
- Relate to them as a whole person, not just their self-harm. Remind them of their positive qualities and things they do well.
- Try to show empathy. Acknowledge that for them the self-harm may feel like an effective coping strategy for managing difficult emotions.



- Let them be in control of their decisions. Ask them what has helped them to deal with their difficult feelings in the past and which other adults should be part of their support team.
- Offer to help them find support.
- Encourage the young person to express their emotions, especially amongst young people who find it difficult to attach words to their emotions and where distress can be misunderstood as 'anger'.
- Encourage daily alternatives to managing emotions, such as physical activity and mindfulness, to help prevent a build-up of negative emotions.
- Support young people to practise coping strategies when in a state of calmness so they can be implemented more effectively when emotionally aroused.

Disclosures and confidentiality

The NSPCC states: "... strict reporting requirements have to be balanced out against young people's wishes and their wellbeing, which produces challenging moral, ethical and legal issues that will need to be fully debated. In any case, if a young person is prepared to disclose, their courage to do so needs to be acknowledged and their views on the pace of events, and on how things should be handled, should be respected."

It can be very challenging to decide whether to break a young person's confidentiality and disclose self-harm to their parents, or to other important adults in a young person's network. However, a young person who is hurting him or herself is often struggling to manage intense distress without enough support and/ or is struggling to communicate this. Very often, a reluctant young person can be persuaded to tell (or let you tell) their parents what has been happening.

It is important for young people to be aware of your policy for confidentiality and know what to expect if they disclose their self-harm to a teacher or member of staff. Confidentiality will, no doubt, be a key concern for pupils, and they need to know that it will not be possible for their support member of staff to offer complete confidentiality.

Self-harm and suicide

It is common to feel scared about the possibility of someone seriously hurting themselves or even taking their own life. While it is understandable to have these fears, it is useful to remember that self-harm doesn't necessarily mean that someone wants to end their life. There are, however,



a small number of people who do go on to take their own lives, either intentionally or accidentally. It's therefore important to have an honest conversation about staying safe – for example, being aware when things are getting too much and knowing when to seek help.

What can schools do to prevent self-harm?

- Devise a school policy, including a clear confidentiality policy
- Educate school staff
- Develop a support plan
- Educate students to be 'good friends' by reporting peers' distress
- Address emotional well-being, promoting coping strategies and self-harm as part of the PHSE curriculum
- Have crisis telephone numbers available and easily accessible to young people
- Be mindful of contagion (when self-harm becomes a common occurrence amongst a group of young people)
- Supportive environment in the school which is focused on building self-esteem and encouraging healthy peer relationships.

IMPORTANT: Talking about self-harm does NOT lead to an increase in the behaviour or engage young people in self-harm.

How should school respond to self-harm?

In the school policy, there should be a protocol of how to deal with self-harm in school. The protocol should include:

- how and when a pupil's parents are informed;
- which staff are informed; and
- how to support staff dealing with incidents of self-harm.

There needs to be a designated member of staff to manage and co-ordinate the school's response to self-harm.

The school should also have a protocol of what to do if an adult finds a young person self-harming in school.

Remember

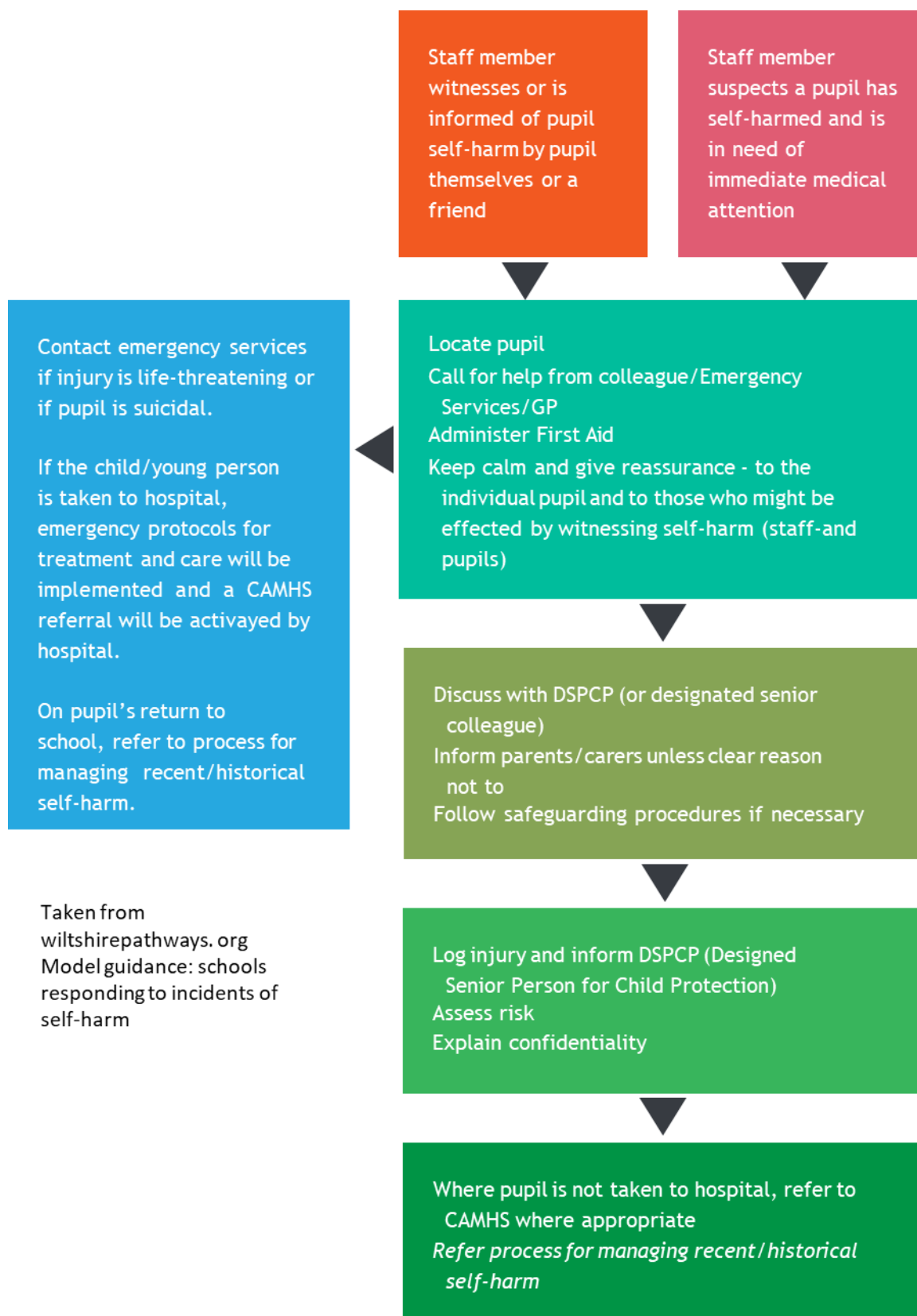


- Anyone from any walk of life or any age can self-harm, including young children.
- Self-harm affects people from all family backgrounds, religions, cultures and demographic groups.
- Self-harm affects both males and females.
- People who self-harm often keep the problem to themselves for a very long time which means opening up to anyone about it can be difficult.
- Empathy is an effective tool for responding to self-harm; we don't have to agree with how a young person manages their distress or 'fix' their problems, but we do need to have an empathic response.
- If the young person continues to self-harm, it's not because you have 'failed' to keep them safe or not been supportive enough.

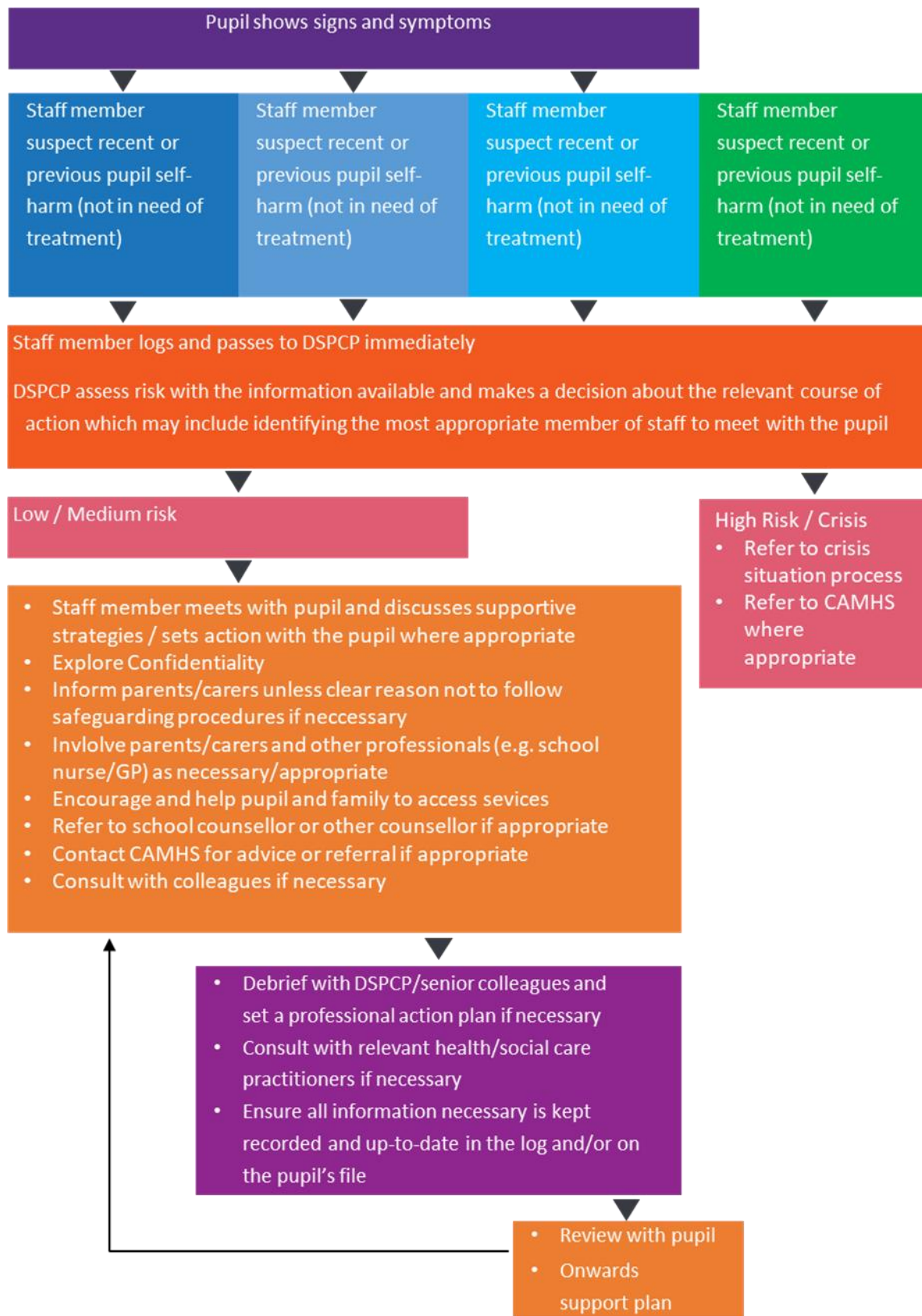


Flow Chart: Managing Self-harm in Schools in a Crisis Situation

This model has been adopted from Wiltshire and is recommended as good practice



Flow Chart: managing self-harm in schools (not in need of urgent medical treatment and return to school)



D. Suicidal Thoughts

Suicidal thoughts in children and young people

Many people may have thoughts about suicide at some point in their life, without actually wanting to go through with completing suicide. Whilst thinking about suicide is relatively common, very few young people will actually attempt to take their own lives. Suicidal thoughts can stem from a range of underlying difficulties and can range from fleeting thoughts to more considered plans. Young people with suicidal thoughts may feel unable to talk to family or friends but may seek out someone they trust in school to share their thoughts about wanting to end their life.

Young people who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours) and are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are clearly at greater risk of harm or death.

Warning Signs

Look out for children or young people who:

- Have experienced a stressful event associated with a feeling of loss, including bereavement;
- Show significant changes in behaviour which suggest they are asking for help, for example self-harm or giving away their possessions;
- Use language associated with suicide, such as “I wish I wasn’t here” or “It doesn’t matter anymore”;
- Show physical indicators such as sleep disturbance and weight loss; and/or
- Have overwhelming feelings of anger, hopelessness, loneliness or worthlessness.

Papyrus, a national charity for the prevention of young suicide, refers to the above indicators as ‘invitations’ which children and young people may use to ask for help. They advise that there is no definitive guide on how to know if somebody is thinking about suicide, however the above indicators are worth looking out for.

Often young people might refer to ‘not wanting to be around anymore’ or state ‘I wish I was dead’ as a way to express their distress. When young people make statements such as these, they should be explored further with them to accurately identify what they are trying to communicate rather than making your own interpretations.

Research has shown that asking a young person about their suicidal thoughts does not increase the likelihood that they will think about suicide more or act on their thoughts.

Approximately one in ten (11%) teaching professionals said, on average, a student shares suicidal thoughts with them at least once a term.

However, only half (53%) said they would feel confident they could support a student who had shared suicidal thoughts with them (Papyrus, 2017).

What can schools do to respond to risk in relation to suicide?

Research indicates that the best way to protect life is to promote positive mental health. This can be done at the whole school level and through individual support for children and young people.

WHOLE SCHOOL LEVEL

De-stigmatisation

A whole school approach to destigmatise talking about suicide and mental health is crucial. This may include taking opportunities through PSHE and other aspects of the curriculum to talk openly and honestly about suicide, without glorifying the act or public figures that have died through suicide.

Develop a school policy

Papyrus recommends that schools and colleges have a policy statement which is known by the whole community and which shows a strong commitment to suicide prevention. A model policy and further guidance about this can be found in the Papyrus guide: [Building Suicide Safer Schools and Colleges \(papyrus-uk.org\)](https://www.papyrus-uk.org/building-suicide-safer-schools-and-colleges).

Improve connectedness

Connectedness is the extent to which a child or young person is able to connect with other individuals; to their family members; to community organisations (i.e. schools); and to their cultural traditions and history. Below are some ways to support connectedness:

- Support relationships between the young person and positive adults in their lives.
- Help build positive attachments between the young person, their family and school.
- Provide a range of activities that help the young person increase and strengthen their social networks,
- E.g. access to extracurricular activities and community clubs/ organisations.

Build Resilience

Research has shown that using a preventative approach focused on building resilience in the school community can help to reduce the risk of suicide. Whole school approaches such as Emotionally Friendly Settings can help to promote the emotional wellbeing of the whole school community, including staff (contact the Educational Psychology Service for further information).

ACE – Achievement, Closeness, Enjoyment

To support and maintain positive emotional wellbeing, it is recommended that people aim to include a regular balance of activities in their life which give them feelings of:

- achievement, e.g. completing homework, learning a new skill;
- closeness, e.g. meeting up with a friend, phoning a family member; and
- Enjoyment, e.g. playing computer games, watching TV, playing music.

It is helpful to communicate this idea to all children and young people and work with them to help them think about the kinds of activities they do in their lives and how these relate to ACE. It can be helpful to keep a log of activities under these headings so that they can see whether they have a good balance or would benefit from seeking new activities in a particular area. This could be done as a whole class or group PSHE activity as well as a more targeted activity for young people where you have concerns.

Individual Level

It is important for people experiencing thoughts of suicide to first be encouraged to meet their basic needs of looking after themselves, such as eating, sleeping and keeping hydrated, as these can be difficult for someone in this situation. To ensure thoughts of suicide and low mood do not worsen because these basic needs are not being met, encourage the child or young person to do these first, and then think about some of the following **distraction techniques**:

- Physical activities, e.g. yoga, swimming, gym, scream/shout to loud music.
- Creative activities, e.g. painting, mindfulness colouring, blog, make a playlist of music that makes them feel good.
- Productive activities, e.g. cook/ bake, rearrange their room, write a to-do list.
- Relaxing activities, e.g. bath with candles, use their Hope box (see below), cuddle up in a blanket.

Distraction techniques allow us to focus on something else and can sometimes quieten intrusive thoughts enough to access support. **It is important to explain that distraction techniques are useful when people are feeling overwhelmed, but generally it is better to acknowledge and feel our emotions at other times.**

You can help a child or young person to create, decorate and fill a Hope box with things that can make them feel better when they are having suicidal thoughts. It is important that the box is personalised in whichever way the child or young person wishes. The Hope box can be filled with a variety of self-soothing items, based on the five senses. Here are some ideas of things to include:

- See – images of loved ones, images that make you feel calm.
- Hear – relaxing sounds, favourite songs, audio books.
- Smell – scented candles, aromatherapy oils, scented lotion, favourite perfume.
- Taste – chocolate, sweets, hot chocolate.
- Touch – stress ball, soft fabrics, play dough, hand lotion, rubber bands to flick, fidget toys.

Creating a Support Plan

Helping a child or young person to make a support plan can contain the overwhelming feelings and plan some practical steps to help keep them safe. By creating a support plan and encouraging the child or young person to put it somewhere where they can find it easily, you are helping them with steps to follow to enable them to feel supported and stay safe when things become overwhelming. This will help them to get through the moment, prevent them from acting on thoughts of suicide and then allow them to access long-term support. This plan should be personal

to the young person and as detailed as possible. It should be reviewed with the young person regularly and changed when they think of new things to add, or things to remove which they no longer find helpful. With the young person's permission, it can be shared with key people in their life. An example of a support plan can be viewed on page 245. It is important when working with young people around suicidality to be mindful of key dates and anniversaries that might be important for them and to be extra vigilant around their wellbeing around these times. It is advised that support plans are created alongside outside agencies.

Following discussion, if you feel that a young person is having suicidal thoughts, they would benefit from further support from mental health professionals such as your local Child and Adolescent Mental Health Services. You should also follow safeguarding procedures as the risk of harm to self is a child protection issue. Use the prompts on the following page to guide your assessment of risk.

If you have concerns that the young person is at immediate risk to self or others, please refer to local A&E for risk assessment.

Risk Assessment Prompts

Prior to embarking on a conversation with a young person about their suicidal thoughts, ask yourself whether you feel confident and competent enough to have the conversation. If the answer is no, it may be that a colleague needs to step in to help you to navigate this difficult conversation, for your own and the young person's wellbeing. There are [training courses \(papyrus-uk.org\)](https://www.papyrus-uk.org/training-courses) you can access to help you increase your confidence in having these conversations.

At the beginning of the conversation, it is important to re-visit and re-iterate confidentially (see 'Managing Self-harm' section for further information.)

During the conversation, ask questions such as the following to try to assess the risk of the young person acting on any suicidal thoughts. Be patient and give them time to talk so that it does not feel like an interrogation.

- Are they saying that they have a desire to end their life?
- How often do they feel like this? Is it constant, frequent, occasional or rare?
- Are they talking about wanting to end their life now?
- Have they thought about how they intend to attempt suicide?

- Have they made definite plans? If so, have they already started preparing (e.g. writing a note, gathering medication)? The greater the evidence of planning for a suicide attempt, the greater the risk of the young person acting on their thoughts.
- Have they made any attempts in the past? Was there something that helped to keep them safe?
- Are there any protective factors which can help to keep the young person safe? Protective factors are very varied and specific to the individual, but could include family, friends, pets, a sense of responsibility or religious/ spiritual beliefs.
- Do they have any plans for the future? How far into the future? For example, are they thinking about a holiday planned for next year, an event in a few months (e.g. a birthday or festival) or is there no evidence that they plan to be around for future events?

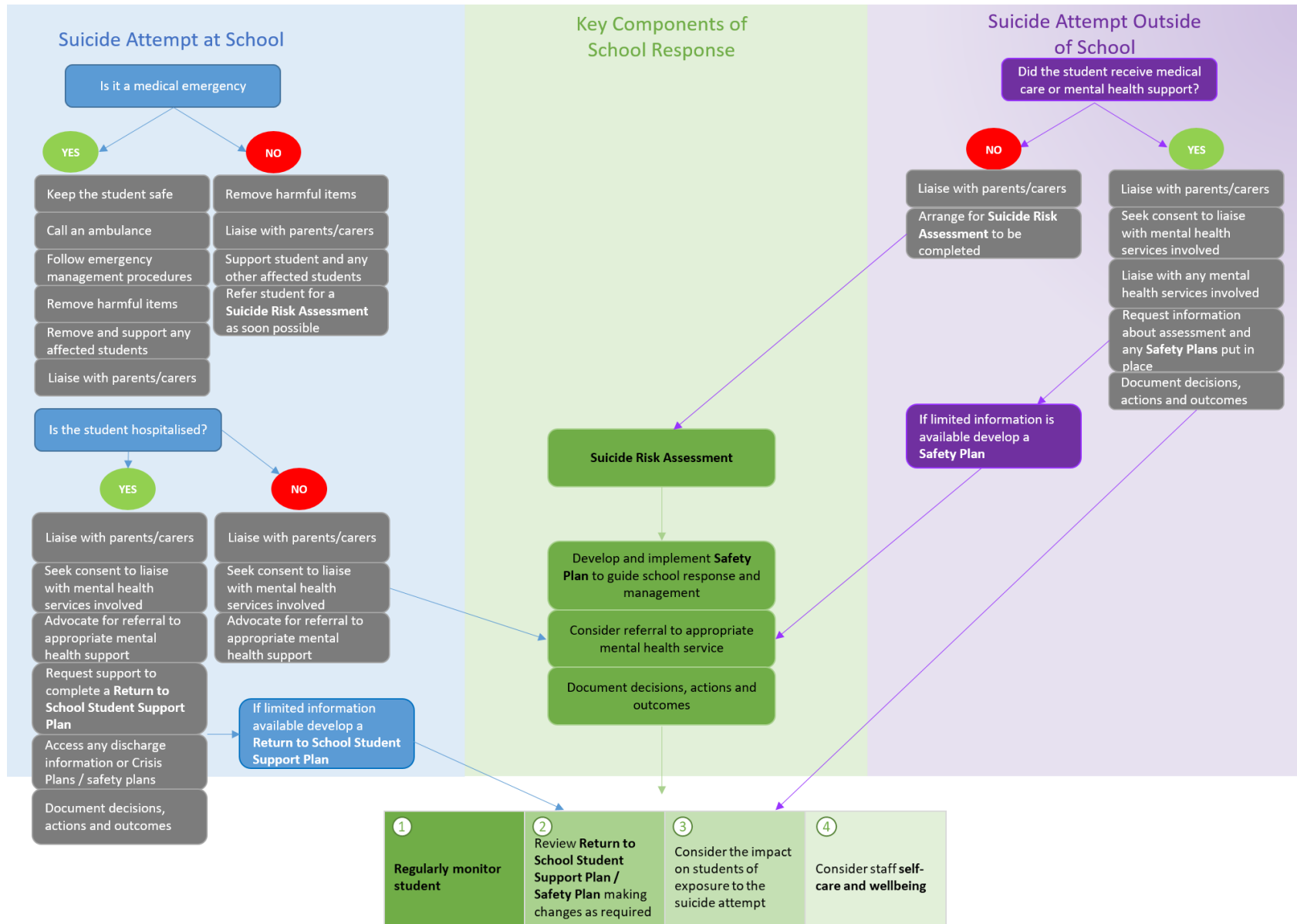
Generally speaking, higher risk correlates with greater frequency of suicidal thoughts, greater evidence of planning and preparation for suicide, less evidence of future plans, and less access to support and protective factors. If they have already taken steps to end their life, follow the responding to a suicide attempt flowchart on the next page.

Resources and signposting to further information:

This section has been informed by the [Emotionally Friendly Settings](#) manual and [Papyrus](#).

Further support and advice can be accessed via CAMHS:

[Child and Adolescent Mental Health Service \(CAMHS\) :: Mersey Care NHS Foundation Trust.](#)



Example of Support Plan

SUPPORT PLAN

Coping strategies

What strategies have you or could you use that might help keep you safe?

One small step...

What is one small step you could take that does not feel too big?

Support network

Who can support you in helping you to make sure this plan happens (friends/family/ staff/others)?

Review

When?

How?

E. Inappropriate or Harmful Sexual Behaviour

Sexual behaviour in children and young people

Expressing sexuality through behaviour is a healthy part of development. Professor Simon Hackett, an expert in the field of sexual behaviour in children and young people (CYP), has said that sexual behaviours sit on a continuum, from healthy, 'normal' behaviours, through to 'inappropriate', through to 'problematic', through to 'abusive', through to 'violent' (Hackett, 2010). It is important to be aware of which behaviours are part of healthy development and which are a cause for concern. Healthy sexual behaviour will typically occur between CYP of similar age; be on a voluntary basis; be balanced by curiosity about other aspects of life; and may on occasion result in embarrassment but would not usually leave children with deep feelings of anger, shame or anxiety.

What is harmful sexual behaviour?

Harmful sexual behaviour, or HSB, can be defined as “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” (derived from Hackett, 2014).

HSB may also be referred to as sexually harmful behaviour or sexualised behaviour. The term 'harmful' refers to the behaviour and not the person. It is harmful both to the individuals who display it, as well as those it is directed towards (NSPCC website).

HSB can take place online and may involve viewing pornography or sexting (Hollis & Belton, 2017).

Why might some young people engage in HSB?

There are many reasons why a young person may display HSB. It is common for pupils who display HSB to have experienced trauma. This does not necessarily mean that they have been sexually abused, although this will be the case for some.

We can view all behaviour as a form of communication. In the case of HSB, this may be a communication of an unmet need, be that social, emotional, sensory, or some other need, which the young person may be attempting to have met in an inappropriate, or in some cases harmful, way. Consideration should be given to the potential drivers of the behaviour, not solely the behaviour itself.

Why is it important for schools be aware of HSB?

Education is a universal service accessed by almost all pupils. Educational settings play a key role in the early identification and prevention of HSB (NSPCC website). School staff are well equipped to contribute significantly to holistic assessments of the young person displaying HSB, given their knowledge of and relationship with them. Within the context of a multi-agency network, school staff can support the message to young people that this behaviour is not OK whilst reminding them that support is available and helping to coordinate such support. Most young people who demonstrate HSB don't go on to become adult offenders, particularly with the right interventions and support (Hackett, Branigan & Holmes, 2019). Successful achievement of educational outcomes can prevent further sexual abusive behaviours and can promote positive life outcomes in pupils who have displayed HSB (Hackett & Masson, 2011).

A note on language

It is important to be mindful of the terminology we use when referring to those who display HSB. The NSPCC advise avoiding the use of the term 'perpetrator' and to instead refer to "children and young people who display HSB". This is because some of the language we use can be stigmatising.

"Educational establishments are often fundamental in the management of risk and continued facilitation of meaningful daily routine for children and young people who have displayed HSB, or who are under investigation. They are an integral part of partnership working and need to be included in information sharing and coordination of safety plans and supervision to maintain appropriate educational placements"

(Hackett, Branigan & Holmes, 2019)

Things to look out for

The following guidance is taken from the Brook Sexual Behaviours Traffic Light Tool (Brook, 2012). Brook define sexual behaviours in the following ways:

- Green behaviours reflect safe, healthy sexual development. These would be equivalent to 'normal' behaviour on Hackett's (2010) continuum model. They are displayed between pupils of a similar age or developmental level and are reflective of natural curiosity, experimentation, consensual activities and positive choices. Green behaviours are not considered harmful.

- Amber behaviours have the potential to be outside of safe and healthy behaviour. These would be equivalent to ‘inappropriate’ or ‘problematic’ behaviour on Hackett’s (2010) continuum model. They may be of potential concern due to age/ developmental differences of participants, activity type, frequency, duration or context in which they occur. Amber behaviours have the potential to be considered harmful.
- Red behaviours are outside of safe and healthy behaviour. These would be equivalent to ‘abusive’ or ‘violent’ behaviour on Hackett’s (2010) continuum model. They may be excessive, secretive, compulsive, degrading or threatening. They may involve significant age, developmental or power differences. They may be of concern due to the activity type, frequency, duration or context in which they occur. Red behaviours are considered harmful sexual behaviour.

For examples of Green, Amber and Red behaviours broken down by age/ stage, please refer to the information on the [Brook Website](#).

It is essential when using this tool practitioners bear in mind that a young person’s chronological age and their developmental stage may not be equivalent.

Universal support for Pupils

All pupils have the right to robust relationships and sex education which equips them with the information and skills they need to form healthy and positive sexual relationships; to feel confident about making the right choices; and to keep their traffic lights green. Examples of resources to teach pupils about safe and healthy relationships can be found on the [NSPCC Website](#).

It is important that schools foster a culture of safety, collaboration and respect so that pupils feel able to approach the right people should they have any concerns. Pupils need to know that it is okay to speak out; that they will be taken seriously; and that, where needed, the right help and support will be provided swiftly and sensitively. They and their parents/ carers need to be able to easily access help and support when they need it and need to know where they can go to obtain further advice.

Universal support for professionals working with Pupils

Schools need to foster a culture of safeguarding with pupils at the centre. All settings with a responsibility for educating pupils should have clear policies in place and a Designated Safeguarding Lead for Child Protection. Policies should cover HSB specifically. All staff working within such organisations should be made aware of relevant policies and procedures and their responsibilities in relation to these, so that they can act swiftly and appropriately if they observe or hear of pupils engaging in sexualised behaviour, just as they would for any other disclosure that might raise

concerns around risk. It is important that staff who have the opportunity to respond early are educated in the identification of normal, problematic and harmful behaviours and know how to respond appropriately.

What can you do when a young person displays sexual behaviours?

It can be difficult to determine what is healthy sexual behaviour and what is not, which is why involving your Designated Safeguarding Lead to explore the behaviour further is advised. Specialist services can also support you in understanding the nature and extent of the risk. However, not all sexual behaviour will require a referral to a specialist service. According to Brook, all sexual behaviours require some form of attention and response, but the level of intervention will vary depending upon the type of behaviour:

- Green behaviours provide opportunities for adults to give positive feedback and additional information. This may come in the form of group or 1:1 discussion and signposting to reinforce healthy relationships, for example discussions regarding consent or signposting to sexual health services.
- Amber behaviours signal the need to gather further information to assess the appropriate action.
- Red behaviours indicate a need for immediate intervention and action.

The NSPCC advise that, once identified, HSB should be viewed within a child protection context and Children's Services should be contacted to provide assessment and recommendations if more specialist help is required. Please note that where referrals to Children's Services are indicated, the NSPCC advocates separate referrals for all pupils affected (i.e. separate referrals for the person(s) displaying HSB and the person(s) to whom the behaviour is directed), as their needs are different and need to be considered separately. In cases of serious sexual assault, the Department for Education advise that information be passed on to the Police alongside Children's Services.

Responding to HSB

Statutory government guidance in relation to HSB can be found in the document [Keeping Children Safe in Education](#) (Department for Education [DfE], 2019) and in [Sexual Violence and Sexual Harassment between Children in Schools and Colleges](#) (DfE, 2018). In addition to the statutory guidance, the NSPCC, in collaboration with Professor Hackett, have produced [detailed guidance](#) on responding to HSB in pupils

(Hackett, Branigan & Holmes, 2019). This should be read alongside the guidance from the [National Institute for Health and Care Excellence](#) (NICE, 2016).

Pupils who display HSB are a varied and complex group with diverse needs that cannot be addressed by a 'one size fits all' approach. It will, therefore, be important for settings to refer to the guidance provided by the DfE, NICE and the NSPCC when developing their response to pupils who display HSB. General principles of this guidance include:

- Pre-planning supported by effective training and policies to facilitate calm, considered and appropriate responses following reports of HSB;
- Early identification and accurate data collection throughout the process;
- Use of a multi-agency approach between the school, parents/ carers, external agencies and young people;
- Consideration of ongoing risk and how to mitigate this, balanced with consideration of all pupils entitlement to education and ongoing skill development;
- Assessment that considers the wider context, including family, social and developmental factors, and that aims to identify any unmet needs;
- Proportionate response to young person displaying HSB to the level of risk and need they present. Interventions should be evidence-based, holistic, strengths-based, proportionate, resilience-focused, and tiered—it should distinguish pupils whose needs can be met through parental monitoring, from those who need psycho-educative support, and from those who would benefit from more specialist intervention services and placements;
- Consideration of support to pupils to whom the HSB has been directed; and
- Consideration of support for parents/ carers.

Where agencies work in isolation to respond to HSB they to duplicate work, miss out vital communication...Working to address HSB is not the exclusive province of any one agency

(Hackett, Branigan & Holmes, 2019)

Risk assessment prompts

Most pupils with inappropriate or harmful sexual behaviour can be managed safely in schools with appropriate levels of support and clear risk management plans (Hackett, Branigan & Holmes, 2019). If you are concerned that a pupil may be displaying inappropriate or harmful sexual behaviour, please refer to the prompts below to ensure you are involving the right people and services to assess and manage the risk appropriately:

- Have you considered the sexual behaviour within the context of the young person's developmental age or stage?
- Have you notified the Designated Safeguarding Lead within your organisation to support you with your thinking?
- If a young person is displaying **Green** behaviours (according to the Brook tool), this should be viewed as an opportunity to provide positive reinforcement as well as further information and support. Referrals to other services may be appropriate, depending on the individual case.
- If you are unsure of the level of the behaviour or if you feel it is definitely not a green behaviour:
- It is important to ensure that you have the right support to help you to manage your own feelings and responses to complex situations you may be faced with within your work. Pulling together a team of supporting adults to help assess the potential risks linked to sexual behaviours is an important early step when responding to potential HSB.
- If it is agreed that a young person is displaying **Amber** or **Red** behaviours, has a referral been made to Children's Services for further advice and support within the context of a multi-agency team?
- Consider the immediate safety of young people and staff. It is important to be guided by relevant national legislation and guidance; organisational policies, procedures and guidance; human rights; the identified risks or needs of the young person; and the potential or real risks to others.
- Where HSB is indicated, are you using a multi-agency approach to inform a holistic assessment of and support for both the person displaying the HSB and the person to whom the HSB was directed?

F. Extremism

Terrorism and extremism

Terrorism and extremism are sometimes used interchangeably. Both pose a threat to students, but they have very distinct definitions.

In the UK we define terrorism as a violent action that:

- Endangers a person's life;
- Involves serious violence against a person;
- Causes serious damage to property;
- Creates a serious risk to the public's health and safety; and/or
- Interferes with or seriously disrupts an electronic system.

[Terrorism Act 2006 \(gov.uk\)](#)

Extremism is the vocal or active opposition to our fundamental values, including democracy, the rule of law, individual liberty, and respect and tolerance for different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

[The Counter Extremism Strategy \(gov.uk\)](#)

What is Prevent?

Prevent is about safeguarding people and communities from the threat of terrorism. Prevent is one of the four elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

Radicalisation

This refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. A radicaliser is an individual who encourages others to develop or adopt beliefs and views supportive of terrorism and forms of extremism leading to terrorism.

Need to know legislation

Since July 2015, schools have a legal responsibility to "have due regard to the need to prevent people from being drawn into terrorism". As a school leader, it's your responsibility to put in place robust procedures to protect your students, and to review and evaluate these procedures to ensure they are effective.

What steps should I take to ensure my school complies with Prevent?

As a school leader you should familiarise yourself with key documents including the Prevent duty guidance and Keeping children safe in education.

Key activities include carrying out a risk assessment, building on existing local partnerships, training staff and ensuring appropriate IT policies and practices are in place.

You should:

- Assess the risk of children being drawn into terrorism;
- Ensure your school understands the relevant risks to students;
- Get practical information regarding the risks in your area;
- Follow your Local Safeguarding Children Board policies;
- Seek advice and support from the local authority, police, civil society organisations and families and parents;
- Ensure your safeguarding lead undertakes Prevent awareness training;
- Train other staff to identify children at risk;
- Ensure your school has suitable online safety controls;
- Equip your students to stay safe online; and
- Integrate internet safety into the ICT curriculum.

What are the warning signs of radicalisation?

There is no single route to radicalisation. It can happen over a long period of time or sometimes it is triggered by a specific incident or news item and can happen quickly. The behaviours listed here are intended as a guide to help you identify possible radicalisation.

Online behaviour:

- Accessing extremist online content
- Sympathetic to extremist ideologies and groups
- Joining or trying to join an extremist organisation
- Changing online identity.

Outward appearance:

- Not listening to other points of view
- Abusive towards people who are different
- Embracing conspiracy theories
- Feeling persecuted
- Changing friends and appearance
- Converting to a new religion
- Being secretive of movements
- Increasingly argumentative
- Distancing themselves from old friends
- No longer doing things they used to enjoy.

Which young people are vulnerable to radicalisation?

Children and young people from all backgrounds can become radicalised, but it's important to keep the risk in perspective. External factors such as community tension, global events, or having friends or family who have joined extremist groups all play a part. Any of these issues make children and young people more susceptible to believing that extremists' claims are the answer to their problems.

The following is a guide only, so use your professional judgment to assess students' vulnerability.

- Struggling with a sense of identity
- Becoming distanced from their cultural or religious background
- Questioning their place in society
- Family issues
- Experiencing a traumatic event
- Experiencing racism or discrimination
- Low self-esteem

What is the risk of radicalisation to children with Special Educational Needs and Disabilities (SEND)?

Although the risk is low, it is important to consider how children and young people with SEND may be at risk of being targeted by individuals aiming to radicalise young people. Educate against Hate reports that some young people with SEND might be vulnerable to radicalisation, if they have 'difficulty in interacting socially, lacking empathy or not understanding the consequences of their actions.'

Children and young people who experience communication difficulties can struggle to tell a trusted adult that they are worried about extreme content someone has shown them.

What should my staff be teaching in class?

- Schools should be a safe space where students can discuss social and political issues, including extremism and terrorism.
- Building young people's resilience will put them in a stronger position to reject extremist views.
- Teachers should build resilience to extremist narratives by giving students the skills and knowledge to explore issues critically, to weigh evidence, debate and make reasoned arguments. This can include:
 - age-appropriate conversations about extremism and radicalisation promoting fundamental British values of democracy, rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs; and
 - Discussing issues of identity, difference and tolerance.

What is Channel?

Channel is a multi-agency, voluntary programme which safeguards people identified as being vulnerable to radicalisation. A referral can come from anyone who is concerned about a person they think is at risk. It is not a criminal sanction and will not affect a person's criminal record.

Many types of support are available as part of the Channel programme, addressing educational, vocational, mental health and other vulnerabilities.

Children and young people who experience communication difficulties can struggle to tell a trusted adult that they are worried about extreme content someone has shown them.

Further Resources

- educateagainsthate.com
- pshe-association.org.uk/curriculum-and-resources/resources/addressing-extremism-and-radicalisation-lesson
- preventforschools.org/
- gov.uk/government/news/guidance-on-promoting-british-values-in-schools