Swindon AIM3 Referral Pathway Process

Children and young people's sexual behaviours exist on a wide continuum, from 'Normal' and 'Developmentally expected' to 'Highly abnormal' and 'Abusive'. See below Hackett's (2010) continuum of Children and Young People's sexual behaviour.

| Normal Developmentally expected Socially acceptable Consensual, mutual, reciprocal Shared decision-making | Inappropriate Single instances of inappropriate sexual behaviour Socially acceptable behaviour within peer group Context for behaviour may be inappropriate Generally consensual and reciprocal | Problematic Problematic and concerning behaviours Developmentally unusual and socially unexpected No overt elements of victimisation Consent issues may be unclear May lack reciprocity or equal power May include levels of compulsivity | Abusive Victimising intent or outcome Includes misuse of power Coercion and force to ensure victim compliance Intrusive Informed consent lacking or not able to be freely given by victim May include elements of expressive violence | Violent Physically violent sexual abuse Highly intrusive Instrumental violence which is physiologically and/or sexually arousing to the perpetrator Sadism |
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It is important to place the child's sexual behaviour within a developmental context and recognise the key differences between the motivations and meanings of such behaviours at varying stages of development.

In order to locate the child or young person's sexual behaviour at level of seriousness or concern and therefore inform an AIM3 assessment decision please utilise the Brook Traffic Light tool (https://legacy.brook.org.uk/our-work/the-sexual-behaviours-traffic-light-tool).

See referral pathway process below.

Identification of concerns regarding child or young persons inappropriate sexualised behaviour

Lead professional utilises the Brook 'traffic light' system of Red, Amber and Green to distinguish between healthy and harmful behaviours. The tool should be used in conjunction with usual safeguarding policy and procedures.

Where Green behaviours are identified the practitioner should offer positive feedback to the child/young person and their family as well as additional information regarding safe and healthy sexual development.

Where Amber behaviours are identified the practitioner should gather information to assess the appropriate action. This may result in the completion of an RF1 if the child is not already open to CSC and an AIM3

Assessment Referral.

Where Red behaviours are identified the practitioner should submit an RF1 if the child is not already open to CSC, provide immediate intervention which may involve safety planning and action an AIM assessment referral.

Provision of advice and guidance to child young person and their family regarding safe and healthy sexual development.

Completed AIM3 Assessment Referral form sent to EHHub@swindon.gov.uk

AIM3 Referral reviewed by AIM3 Co-Ordinator for suitability.

Assessors and supervisor allocated.
Referrer notified.

Referral declined.
Referrer notified
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provided.