

## CARSON AIMS Model 2016

### How to use the Checklists

- Checklist for understanding younger children under 12's (Appendices C)
- Checklist for understanding adolescents and include those with emotional and mental health needs (Appendices C)
- Guidance and Checklist for children and adolescents with learning disabilities (Appendices C1 & C2)

And additional guidance for:

- SEN (Appendices C3)
- ASD (Appendices C4)

The checklists are based on a continuum of sexual behaviours from healthy, through to problematic, to harmful. The checklists include 8 different factors which together give a holistic overview of the sexual behaviour and guide decision making about where they may fall on a continuum of concern. This can be seen as the defining tool to demonstrate level of concern.

Decide which type of checklist best describes the profile of the child you are working with. If the checklist is completed by one person there is a danger of bias. It is better to use it with others who know the child and including someone who has observed the child. Sometimes education staff don't have all the information and the checklist can act as a prompt to seek this information. Any evaluation of behaviour without all the information, needs to be viewed as a temporary initial outcome, which may be reviewed and revised when the information is available.

The checklist can be used to evaluate individual incidents or a series of incidents retrospectively. If using it with a series of incidents, then focus on the behaviour displayed in the most serious incident to answer the first question, type of sexual behaviour.

## The Process

Decide on your checklist

### Step 1

For each factor on the checklist there are examples of healthy, or problematic or harmful behaviours. Please note that the examples are not a definitive list. Take each of the eight factors separately and give each an outcome by deciding whether the sexual behaviour of concern is more like the healthy, problematic or harmful exercise.

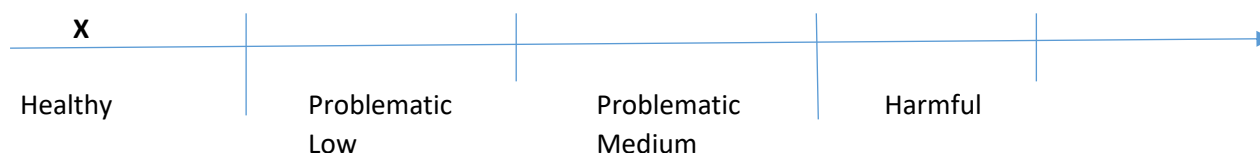
### Step 2

You will now have eight outcomes, put them all together to get an overall outcome for the behaviour/s. If all eight are in one part of the continuum, healthy, problematic or harmful, then this is the overall outcome, as laid out below.

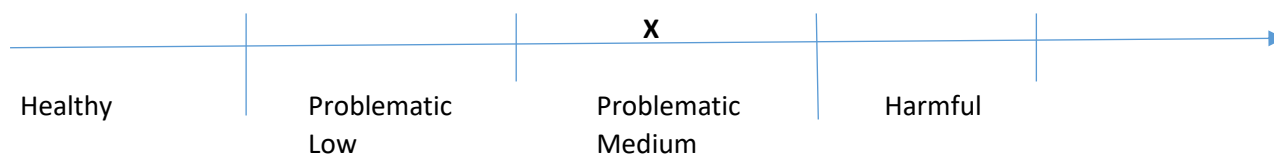
If the eight outcomes are split over two parts of the continuum, then the examples on the next page, will indicate how the overall outcome should be decided.

#### Cases which fall predominately within one part of the continuum

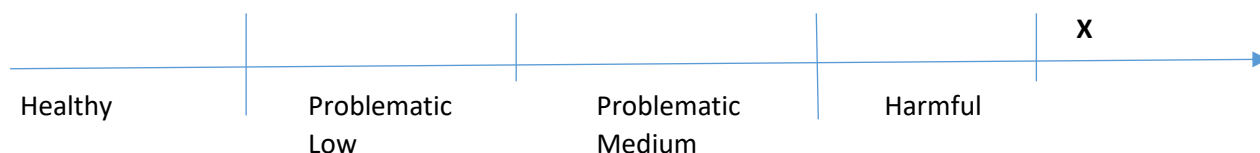
- **Healthy** - If it appears all factors are healthy, then there is no cause for concern. The outcome would be placed at the healthy end of the continuum



- **Problematic** - If it appears all factors are problematic, intervention is required as all factors are showing a cause for concern. These would fall at the top end of the problematic continuum



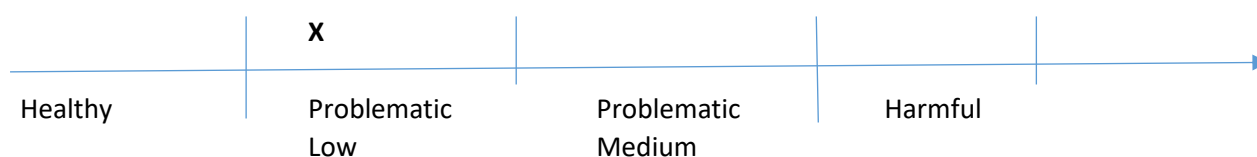
- **Harmful** - If it appears all factors are harmful, these are the most serious cases with the most concerning factors



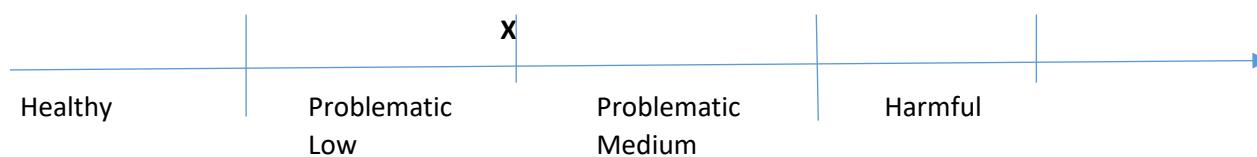
## Behaviours which straddle two parts of the continuum

The overall picture may show the behaviour is borderline or has characteristics of more than one part of the continuum. For example

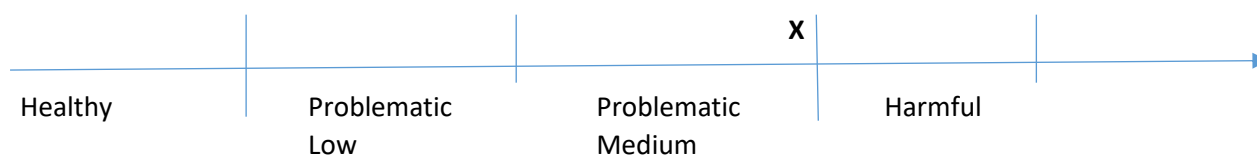
- **Healthy / Problematic** - If it appears all factors are predominately healthy but there are a few factors in the problematic, then the behaviour would be plotted as at the low end of the problematic part of the continuum, to acknowledge the problematic factors



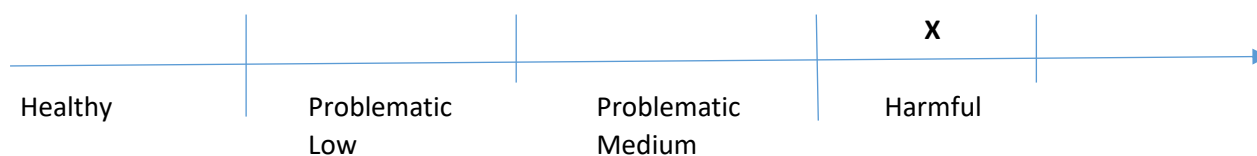
- **Problematic / Healthy** - If it appears the factors are predominately problematic but with some healthy factors, this would be plotted as midway in the problematic part of the continuum.



- **Problematic / Harmful** - If it appears all factors are predominately problematic but with some harmful factors, this would be plotted as at the lower end of harmful part of the continuum, to acknowledge the harmful factors.



- **Harmful/ Problematic** - If it appears predominately harmful with some problematic aspects this behaviour would be plotted midway to high in the harmful section

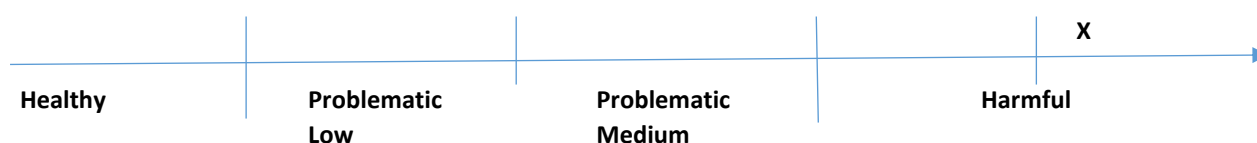


## Using the Check Lists – Case examples

### Younger Children

Fiona aged 9 years old and Jean aged 6 years old are found in the cloakrooms: Jean has her pants down and appears uncomfortable and anxious. It is known she is scared of Fiona and they would not normally socialise together. She tells the teacher who found them that Fiona has made her do it, because she had wanted to feel her 'rude bits'. Fiona denies doing anything and is angry that she is in trouble.

This case study would be plotted as towards the high end of the harmful section of the continuum.

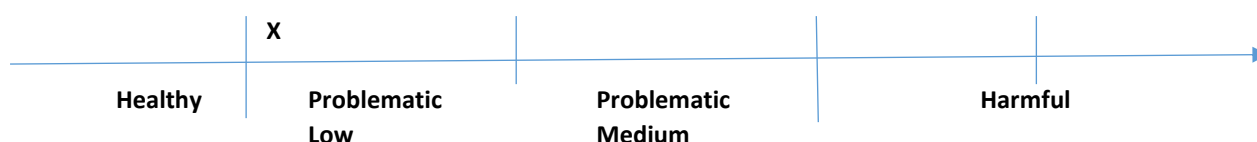


The outcome is based on the following factors – the behaviour is planned, secretive and there are elements of threat and coercion. Jean, the child targeted seems fearful and anxious. The girls would not normally play together and there is a power imbalance due to their age. The response of Fiona is anger and she takes no responsibility for her behaviour. Important unknowns whether there has been any previous incidents, how she has responded to any previous intervention and whether she is focused on sexual behaviours in a way that is disproportionate to other aspects of her life. Fiona would require a referral to Children Services and an In School risk management plan ( Appendices D) and victim support plan for Jean.

### Adolescents

Ben aged 15 has been reported for grabbing the breasts of Shelia a 15 year old pupil. This happened in a corridor and was witnessed by other pupils, who thought it was funny. Shelia was not particularly upset, and said she didn't want to get Ben into trouble. Initially, when asked, Ben said it was just a joke and seemed embarrassed: he then said he had done it as a dare and to make his friends laugh. He accepted that his behaviour was not appropriate and apologised to Shelia.

This case study would be plotted at the Problematic Low end of the continuum



The outcome is based on the following factors – it was a one-off incident that appears to have been committed due to peer pressure and with no real intent to cause harm. Shelia's reaction is that she is not particularly upset. Ben has accepted his behaviour is unacceptable and apologised to her. This would not require an in school risk management plan for Ben, consideration needs to be given

to supporting the victim, Sheila, and her wishes and feelings about any next steps. You would need to monitor Ben's behaviour for a period of time to ensure that it is not repeated.

## Checklist Outcome and intervention required

Depending on where the child/YP falls these are the suggested levels of outcome and intervention

| Problematic Low  |   | Problematic Medium   |  | Harmful   |  |
|--|---|--|--|---|--|
| Behaviours   | Outcomes & Response   | Behaviours   | Outcomes & Response  | Behaviours  | Outcomes & Response  |
| <p>These behaviours are the least worrying. The child/adolescent requires a low key intervention</p> <p>Parents/carers are usually positive and supportive of the child/adolescent</p> | <p>Home/school liaison.<br/>Early Help</p> <p>Devise a safety &amp; Support Plan only*</p> <p>Discussions with their parents so that appropriate behaviours and strategies for reinforcing these are undertaken at home and school/college</p> <p>*Setting up appropriate boundaries and expectations, time out, diversion etc</p> <p>*Education about appropriate behaviour, identifying tactile behaviours, putting school strategies in place, identifying a "Spotter"</p> <p>*Life skills work, self-esteem, nurture, rewards, focussed work</p> <p>*supervision &amp; monitoring</p> | <p>These behaviours are of concern but may have moderating features of the child/adolescent taking responsibility for, or expressing remorse for their behaviours and being prepared to engage in work.</p> <p>The behaviours may be indications of the child/adolescent's own abuse</p> <p>Parents/carers may be struggling or ambivalent about the sexual behaviours</p> | <p>Safety &amp; Support Plan or an In school HSB Risk Management Plan depending on outcome of risk assessment using the tools</p> <p>As problematic low along with:</p> <p>Possible discussions with / Referral to Childrens Services</p> <p>Following Safeguarding procedure guidance</p> <p>Consider need for an interim separation if an investigation with agencies is ongoing</p> <p>Levels of supervision and monitoring</p> <p>Grips/TA funding/TA assignment?</p> <p>Setting appropriate boundaries and expectations</p> <p>Individual work on understanding and controlling their behaviour</p> | <p>These behaviours are of significant concern, with little or no moderating factors</p> <p>They may have features of threat, force, coercion or harm to others</p> <p>The behaviours may be out of the child / adolescent's own abuse</p> <p>The behaviours may be out of the child / adolescent's control</p> <p>Parents may be dismissive of concerns or posing a threat to the individual and/or the victim</p> | <p>In school HSB Risk Management Plan required</p> <p>Referrals to Childrens Services and the Police, an offensive/s may have been committed</p> <p>Follow local Safeguarding procedure guidance</p> <p>As problematic medium along with:</p> <p>Supervision and restrictions initially until further assessment is completed. This must be kept under review.</p> <p>Pattern mapping to develop a focused effective HSB Risk Assessment</p> <p>An assessment of the sexual behaviours and child/adolescent family background required</p> <p>Good co-ordination of the professional network eg- multi agency meetings &amp; if child is returning to school</p> <p>Individual work on understanding and controlling their behaviour</p> |

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