



Section 4I (Staffordshire) Section F14 (Stoke-on-Trent)

CHILDREN & YOUNG PEOPLE WHO DISPLAY HARMFUL SEXUAL BEHAVIOUR OPERATIONAL POLICY

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Introduction

It is recognised that sexual exploration and experimentation are a normal part of childhood development. Appendix 1 explores childhood sexual behaviour through “green (healthy), amber (problematic) and red (harmful) behaviour” depending on age and development. These types of behaviour will be referenced throughout this procedure.

The purpose of these procedures is to provide a clear operational framework in respect of children and young people who display harmful sexual behaviour and their alleged victims. It is important to note that professionals need to remain aware of the negative effect of labelling children and young people as ‘young sex offenders’ or ‘young abusers.’ The use of the terminology, ‘children or young people who display harmful sexual behaviour’ is considered to be more appropriate as this acknowledges that their development as a child or young person is the first and foremost consideration and that they are displaying or enacting behaviour(s) that need to be appropriately addressed to work towards change.

The primary objective of all work with children and young people who display harmful sexual behaviour must be the protection of all children involved and the prevention of a reoccurrence of the harmful sexual behaviour. It is therefore essential for there to be a coordinated, multi-disciplinary response in accordance with statutory guidance and these procedures.

Principles

The following is a guide to key principles that should underpin work with children/young people who display harmful sexual behaviour:

- All those who work with children should take responsibility to recognise and understand the nature of harmful sexual behavior
- Young people who display harmful sexual behaviour are “children first” and should be treated as such with the same rights to safeguarding and protection as all young people.
- The needs of children/young people who display harmful sexual behaviour should be considered **separately** from the needs of their victims. The consequences for the victim should be considered just as seriously as when the abuse is perpetrated by an adult
- Effective multi-agency information-sharing is central to these arrangements.

Definition

For the purpose of this guidance the definition of harmful sexual behaviour (HSB) is;

“Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self and others, or be abusive towards another child, young person or adult”¹

The boundary between what is harmful and what is typical childhood sexual exploration/experimentation can be blurred. Appendices 1 & 2 can be used by professionals to explore the different range of sexualised behaviour when making an initial judgement.

It is also useful to note that technology assisted harmful sexualised behaviour is becoming more prevalent and more research is required to help us better understand these behaviours. Technology assisted HSB is defined as;

“One or more children engaging in sexual discussions or acts- using the internet and/or any image- creating /sharing or communication device- which is considered inappropriate and/or harmful given their age or stage of development. This behaviour falls on a continuum of severity from the use of pornography to online child sexual abuse.”²

Consent Issues

The age of consent in the UK is 16. However, the Sexual Offences Act 2003 provides specific protection for those children under 13 years old and therefore a child protection referral is required in all cases where a child under 13 has been sexually harmed.

In the case of mutually agreed, non-exploitative sexual activity between similar aged teenagers considerations should be made by professionals prior to referral utilising appendices 1 and 2 in regard to the context of that behaviour. Consider guidance in the policy “Working with Sexually Active Young People under 16” and “Sexual violence and sexual harassment between children in schools and colleges”

Recognition

Sexual behaviours sit on a continuum between healthy and harmful. Some behaviours are likely to require an intervention, but the nature of this behaviour will dictate the extent of the intervention. Green (healthy) type behaviours can often be appropriately dealt with at a lower level by parents or professionals who are already working with the young person. Whereas, red (harmful) behaviours may require a referral to children’s services. Professional judgement should be used to determine if amber behaviours necessitate a referral to children’s services.

¹ Hackett, S, Holmes, S and Branigan, P. [\(2016\) Harmful Sexual Behaviour Framework: An evidence – informed operational framework for children and young people displaying harmful sexual behaviours.](#) London: NSPCC

² [Hollis, V and Belton, E, \(2017\)](#) Children and young people who engage in technology-assisted harmful sexual behaviour a study of their behaviours, backgrounds and characteristics , London: NSPCC

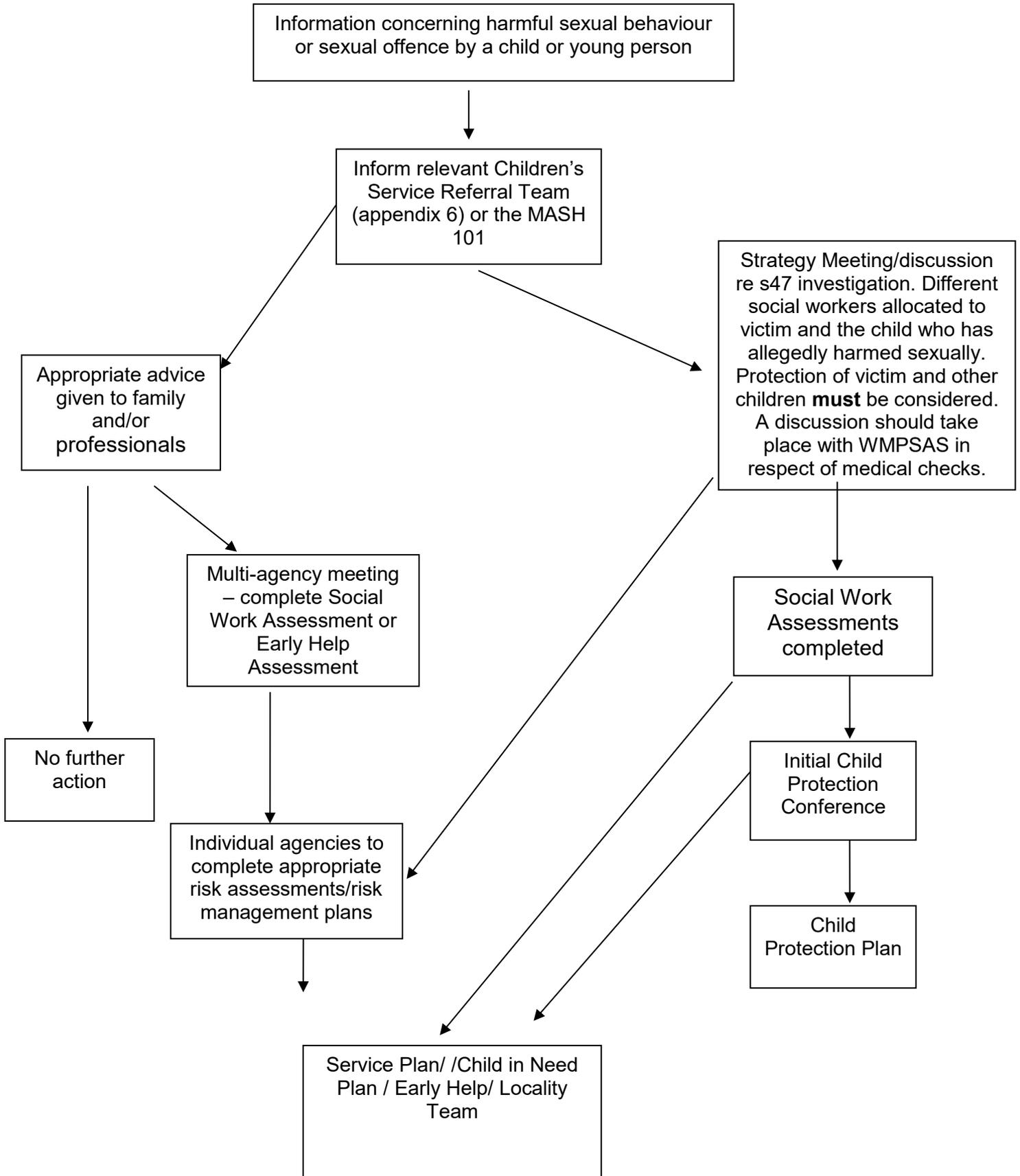
There is a recognised link between young people who display harmful sexual behaviour and experiences of trauma and or abuse. Hackett et al asserted that around two thirds of young people who display HSB will have experienced trauma such as; physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown, domestic violence, parental drug and alcohol use. Not all young people who display HSB will have experienced sexual abuse and this is more likely to be the case for younger children. Therefore, children who display harmful sexual behaviour are likely to be children in need and some will, in addition, be suffering or be at risk of suffering significant harm.

Procedure

If, after consulting the traffic light tool (Appendix 1), it is considered appropriate a referral can be made into the Multi Agency Safeguarding Hub (MASH) regarding Harmful Sexual Behaviour displayed by a child.

Where there is suspicion, or an allegation of a child or young person having been harmed in a sexual way by another child or young person, it should be referred to the children's social care referral team in the local authority where the child lives. Both the victim and the child who has allegedly displayed the harmful sexual behaviour will need to be referred for assessment.

On receipt of a referral, regarding HSB, the relevant referral team will, utilising further information, convene a strategy meeting/ discussion or provide appropriate advice to the referrer and/or signpost to the relevant services/ support.



Strategy Discussion/Meeting

When a child or young person is suspected or alleged to have harmed another in a sexual way children's services should convene and chair a strategy discussion or meeting. This discussion will include representation from police, health and education.

When the children / young people concerned reside in differing local authorities, it is recommended that the strategy meeting is convened and chaired by the authority in which the alleged harmful behaviour occurred. In most cases a combined strategy meeting will be convened to share information in respect of the alleged victim and the child/young person who is suspected of displaying harmful sexual behaviour.

The strategy discussion or meeting must plan in detail the respective roles of participants at the meeting. It also must address 'risk management' measures that may be required within individual organisations, including voluntary and faith. The discussion/meeting must take into account the immediate protection of all of the children involved and any others in contact with the child/young person who is suspected or alleged to have harmed others sexually. Where abuse is inter-familial or where the child / young person who is alleged to have harmed sexually is in the same household, as other younger or more vulnerable children, the protection of any other potential victims must be addressed. Consideration should be given for the need to remove the young person who may have displayed the harmful sexual behaviour from the household, at least in the short term. A discussion should take place with WMPSAS in respect of medical checks.

Where the decision is reached within the strategy discussion that the alleged behaviour does not meet the threshold criteria for significant harm, the details of this decision must be clearly recorded. The needs of all children involved should be paramount and any ongoing areas of support should be identified and acted upon.

The outcome should also be appropriately shared with any professionals involved; if the referrer is not a professional, only limited information can be shared in accordance with multi-agency information sharing arrangements.

Where the decision is reached within the strategy discussion that the alleged behaviour does meet the threshold for significant harm then a Social Work Assessment will be carried out. This will be completed by children's social care.

Where a section 47 enquiry is required, a different social worker **must** be allocated for the victim **and** for the child / young person who is suspected or alleged to have harmed in a sexual way, even if they live in the same household, to ensure that both are supported through the assessment process and that their individual welfare and safety needs are being addressed.

Where possible children and young people have a right to be consulted and involved in all matters and decisions that affect their lives and the use of interpreter services should be accessed if needed to achieve this. This right and respect extends to parents and carers and their active participation should be promoted.

The NSPCC HSB Service supports children, young people and their families/carers in addressing harmful sexual behaviours. Their referral criteria and contact details are specified in **Appendix 3**.

Outcomes of Section 47 Enquiries

The decision about initiating a child protection conference should be made following the outcome of the section 47 enquiry. A young person who is alleged or suspected to have displayed harmful sexual behaviour should only be the subject of an initial child protection conference if they are considered to be at risk of significant harm. Should there be ongoing concerns regarding the behaviour of the young person but no indication that they are at risk of significant harm then the enquiry should recommend the next steps, including a multi-agency meeting.

If a child protection conference is not convened and there is an identified need for services to address the needs of the children concerned, a service plan should be drawn up in consultation with the young person, their parents / carers and professionals. The multi-agency service plan should be subject to review and include the child's need for any work to address their harmful sexual behaviour. Appropriate consideration should be given to maintaining care and education arrangements.

Regardless of whether the process followed is through an initial child protection conference or a multi-agency service planning meeting, it is important that children receive a level of intervention appropriate to their needs and risk factors.

Bibliography

- DOH Children Act 1989 & 2004 HMSO
- Working Together to Safeguard Children 2018
- Staffordshire Safeguarding Children Board Procedures; www.staffsscb.org.uk
- Stoke-on-Trent Safeguarding Board - [Stoke-on-Trent Safeguarding Children Board Procedures](#)
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- Hollis, V and Belton, E, (2017) *Children and young people who engage in technology-assisted harmful sexual behaviour a study of their behaviours, backgrounds and characteristics* , London: NSPCC
- Brook Organisation - www.brook.org.uk/about-brook
- Wilkinson, L. & Carson, C. (2002): *Guidelines for the Initial Assessment of Children under 10 years old with Problematic Sexual Behaviour – AIM Project Initial Assessment Manual*.

***Appendix 1 – The following 4 pages (Traffic Light Tool)
must be read in conjunction with the guidance on
www.brook.org.uk/traffic-lights/guidance***

**Whilst the following indicators are currently accurate
the above website will contain the most up to date
guidance.**

**These indicators are a guide and do not replace, but
should assist the exercise of professional judgement**

Behaviours: age 0 to 5

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

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

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- 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

What is an amber behaviour?

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

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- 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

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- 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

Print date: 17/06/2014 - Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 5 to 9

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

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

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- 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

What is an amber behaviour?

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

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- 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

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- 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

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 9 to 13

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

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

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- 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

What is an amber behaviour?

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

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- 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

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- 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

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Brook sexual behaviours traffic light tool adapted from Family Planning Queensland. (2012). Traffic Lights guide to sexual behaviours. Brisbane: Family Planning Queensland, Australia.

Behaviours: age 13 to 17

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

What is a green behaviour?

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

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

Green behaviours

- 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

What is an amber behaviour?

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

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

Amber behaviours

- 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

What is a red behaviour?

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

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Red behaviours

- 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 sex

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APPENDIX 2

When looking at harmful sexual behaviour the following should be considered:

- The immediate protection of all of the children involved and any others in contact with the child/ young person who is suspected or alleged to have sexually harmed.
- The attitude and response of parents or carers and their ability to protect their own child/ren. Can they ensure appropriate supervision is in place around other children?

The Behaviour:

- Did both parties agree to the sexual activity?
- Is the sexual activity age appropriate?
- How frequently has the behaviour occurred?
- Has the type of behaviour changed over time?
- Is there evidence of aggression, force, coercion or bribery?
- Have the individuals tried to ensure that the behaviour remains secret?
- What records/recording is available to evidence the behaviour, it's frequency, escalation and/or intensity?

The child or young person who has displayed harmful sexual behaviour:

- Have there been any previous concerns around harmful sexual behaviour or lack of sexual boundaries?
- Whether the child / young person who is alleged to have sexually harmed acknowledges their behaviour or actions, minimises or denies the allegations made.
- The likelihood or progress of any criminal prosecution.
- Whether there is any evidence or grounds to believe that the child or young person who is suspected or alleged to have sexually harmed, has also been the victim of abuse themselves.
- Their age and vulnerability e.g learning and/or emotional difficulty/disability
- Their needs to be considered separately from the child/young person whom they have allegedly sexually harmed.

The Victim:

- The age and vulnerability of the victim?
- The impact on the victim
- The victim's needs (considered separately from the child who has demonstrated the harmful behaviour)
- Their post sexual abuse needs to be considered and assessed, regarding if an intervention service is required or not.

APPENDIX 3



NSPCC Harmful Sexualised Behaviour

The Harmful Sexual Behaviour (HSB) Service, based at NSPCC Service Centre, Carole House, Stoke-on-Trent offers individual assessment and treatment of children and young people who display HSB. The HSB team works closely with key agencies, in order to ensure that a multi-agency approach is in place whilst working with this group of young people and their families/carers.

Criteria for Inclusion:

- Boys aged 5-17
- Girls aged 5-17
- Girls and boys with a mild or moderate learning disability.
- Referrals are taken from all Children's Services, Local Support Teams, Youth Offending and Educational Provisions within the Staffordshire and Stoke-on-Trent areas. Children and young people do not require an allocated social worker, however, require a lead worker who co-ordinates the overall plan, risk management plan and resources for the child and their family.

Criteria for Exclusion:

Children and Young People with a diagnosed learning disability, where their disability is too such an extent that it would prevent them from engaging in the HSB service. Reading assessments are available for young people where there is a query about their capacity to engage in this service.

What do we offer?

Assessment

The service comprises of an AIM 2 and AIM (U12's) Assessment, which determines potential for committing further HSB, levels of supervision which may be required and whether the young person requires referral onto a treatment programme. The process of assessment is focused on the four domains of; development, family, environment and sexual and non-sexual harmful behaviours.

Following this assessment, practitioners will provide the young person, their parents/carers and relevant professionals with a report. A decision would then be reached as to whether the child or young person may require intervention work.

Intervention

The intervention may differ depending upon the individuals age, gender, learning needs and level of supervision recommended, for example:

- Males aged 5-11 and all females will be offered an individually tailored intervention programme.
- Males (aged 12 –18)
 - Who do not have a diagnosed learning disability,
 - Who may have a diagnosed learning difficulty, but whose levels of comprehension enables them to manage written work which would be considered to be within the remit of ‘main stream’ education.

For these young people we would offer the ‘Change For Good’ treatment programme that consists of 26-30 weekly sessions (divided into four blocks: Engagement, Relationships, Self-Regulation and a Positive Road Map for the Future) delivered individually.

Referrals

After using the Traffic Light Tool to determine that the behaviour being displayed is HSB, please make referrals by contacting the NSPCC Service Centre.

**NSPCC Service Centre,
Carole House,
213 Basford Park Road,
Newcastle – Under – Lyme,
Staffordshire,
ST5 0PG**

01782 958100

APPENDIX 4 - CONTACT DETAILS

Child living in Stoke-on-Trent Local Authority:

- Stoke-on-Trent Safeguarding Referral Team **01782 235100**
- Emergency Duty Team (out of hours child protection referrals) **01782 234234**
- Stoke-on-Trent Safeguarding Education Development Officer **01782 235897**
- Stoke-on-Trent Youth Offending Service (Prevention Team) **01782 235858 (for young people at risk of offending)**.

Stoke-on-Trent Safeguarding Children Board Procedures:

www.safeguardingchildren.stoke.gov.uk

Child living in Staffordshire Local Authority

- First Response Team - Tel. 0800 1313 126
- Emergency Duty Team (outside office hours) – 0845 6042886
- Fax 01785 854223

Staffordshire Safeguarding Children Board:

www.staffsscb.org.uk

Staffordshire Police – Staffordshire and Stoke

- Tel. 101 and ask for M.A.S.H. (Multi-agency safeguarding hub)
- Education Safeguarding Advice Service (ESAS) (not for Child Protection or Welfare referrals) - **01785 895836**
- **[Education Safeguarding Advice Service \(ESAS\) website](#)**

NSPCC

- Harmful Sexual Behaviour project: **01782 958100**
- Catch22 – support for children who have been subjected to or are at risk of sexual exploitation: 01782 286862.