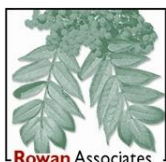


Disrupting the cycle of harm:

Report on developing a restorative justice approach to work with children who have been sexually abused, those who have harmed them and their families

Early findings from the Restore Project
The Green House, Bristol

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Avon and Wiltshire **NHS**
Mental Health Partnership NHS Trust

Be Safe Service



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1. Introduction

“Effectively responding to CSA in the family environment requires recognition of, and responses to, far-reaching and multiple impacts on children’s and others’ lives. No single professional or service can hold responsibility for all of this”¹

This report outlines early findings from Restore; a Restorative Justice pilot project undertaken in Bristol by a partnership of two organisations, Be Safe and the Green House. The Report focuses on the innovative approach to resolving the harm caused by child sexual abuse in families.

The Restore Pilot

“Restore” is a pilot project which applies the principles of restorative justice to work with children who have been sexually abused, those who have harmed them and their families. The pilot is led by The Green House in partnership with Avon and Wiltshire Mental Health NHS Partnership Trust Be Safe Service and the Bristol City Council Youth Offending Team (YOT). It has run over two years, from 2015 – 2017.

The Green House was awarded a Community Safety Grant of £19,828 from the Avon and Somerset Police and Crime Commissioner for a one-year pilot to develop a restorative process to working with children who have been harmed sexually within their families. The funding was extended for a second year and the pilot ran from April 2015 - April 2017.

What is restorative justice?

There are many definitions of restorative justice. Put simply, it *aims to restore the well-being of victims, offenders and communities damaged by crime, and to prevent further offending”²*

Restorative justice aims for a dialogue between the ‘victim’ and the ‘offender’ or ‘perpetrator’ which can be transformative, and can result in a healing experience for all concerned. A core principle is accountability, with the ‘perpetrator’ of the abuse taking responsibility, rather than being blamed, for what they have done. From this starting point, the overall aim of restorative justice is for all involved to achieve an understanding of what has happened, why, and how relationships might be different in the future.

¹ Warrington et al

² Marian Liebmann, Restorative Justice: how it works

What is Restore?

The Restore Pilot is a partnership approach, which uses the expertise and resources of The Green House and Be Safe to work with the family unit as a whole. The partners aim to support family members to heal their relationships, so that individually and together they can re-build family relationships without denying the harm that has taken place.

The use of a restorative approach keeps the needs of the harmed child at the centre, while acknowledging the needs of the harmer and the context in which the harm has occurred. It enables those who have been harmed, those who have harmed them, and other members of the family to move forward positively. Families often begin the process with fixed positions, for example seeing one child (usually the harmer) as 'bad' and the other as 'good'. The two agencies support all members of the family to acknowledge where responsibilities and boundaries lie. Working from a restorative approach, the agencies aim to enable both the harmed child and the harmer to move through the damage caused by the abuse; and all members of the family are enabled to move on to reconstruct their relationships. A priority for the Restore partnership is to ensure that the work is carried out in a safe way for all parties, minimising the risk of any further trauma for both harmed and harmer.

A note on the terminology

Restore partners have chosen to use the terms "those who have been harmed" or "harmed child" and "those who have initiated the abuse" or "harmer" instead of "victim" and "perpetrator" when they talk about the people they work with. They recognise that children and young people who are victims of sexual abuse are much more than victims; and children who have initiated the harm are likely to have been harmed themselves, and that this influences their behaviour.

Restorative justice practitioners use the collective term "party" or "parties" to refer to people involved in a restorative justice or mediation process, when referring to generally to those involved. Parties could or will include parents/carers, siblings, those harmed, other key family members or members of the family's support system.

We have adopted this language.

The foundations of the Restore Pilot

The Restore pilot focused on two of the five key priorities highlighted in The Avon & Somerset Police & Crime Commissioner's Crime Plan for 2015 – 2017: **"tackling domestic and sexual abuse, particularly toward women and children"** and **"putting victims first"**. The strategic approach promoted by the Police and Crime Commissioner (PCC) was to *"improve the way agencies work together"* so that they provide *"high quality joined up*

support”to “provide efficient and effected support and prevent victimisation...”. The PCC approach to putting victims first is about supporting a consistent approach to Restorative Justice across Avon and Somerset, directly commissioning Restorative Justice Services to ensure more victims are offered this resolution at a time that is appropriate to them.”

See Appendix 4 for further details.

The Restore Pilot has delivered this through a partnership that supports both the harmed child and the harmer. As an innovative project, the partners have also needed to spend time developing a set of processes to underpin the Restore approach including professional guidance and administrative, reporting and support processes. They have also developed protocols for sharing confidential information between themselves.

Whilst working together on these processes, project staff developed strong working relationships, and came to understand the application of their own approaches, and the implications this would have for joint working. This has led to improved partnership working amongst Bristol’s specialist agencies which work with children who have harmed sexually or been harmed by their siblings.

Specific outputs are discussed below. Outcomes for children and young people are outlined in Section 3.3.

By the end of the first year of the pilot, The Green House therapists reporting having:

“a much better understanding of the nature and complexity of the cases we are working with, through opportunities to view cases from the perspective of those who have been harmed and those who have harmed them. This wider perspective has enabled systemic issues to be considered and addressed, and a whole-systems approach to be taken with the aim of restoring and repairing the damage caused as a result of the abuse which has taken place.”³

³ Archer and Windle, 2016

2. Evaluation aims and methods

2.1. Purpose and scope of this report

The purpose of this report is to assess the work of the Restore project. The report focuses on the two-year period during which The Green House received funding. It focuses on three themes which were central to the development and delivery of the project:

- The development of the partnership
- The processes developed
- The outcomes, challenges and learning from the work done to date with children and families engaged in the Restorative Justice process, including the Restore pilot

2.2. Evaluation questions

The evaluation of the Restore project has been framed around the following core questions, relating to each theme.

Partnership

- What have you learned about the other agencies involved, and about partnership working with them?
- What are the lessons for practice? What works? Where are the challenges?
- How can partnership working be used to support a restorative justice approach?

Processes

- What processes are needed to support a restorative justice approach enacted through a partnership, which focuses on vulnerable children and their families?
- How does this way of working impact on young people and on families?

People

- Has the Restore pilot met its primary outcomes:
 - Children and young people will show reduced symptoms of trauma, anxiety and/or depression
 - Harmed children have an increased sense of wellbeing
 - The harmed child becomes empowered while their safety is protected, their relationships improve and risk of the repetition of harm is reduced.

It focuses on overarching issues and findings from the pilot.

2.3. Methodology

The information from this report has been drawn together from

- a series of interviews and focus groups with The Green House therapists
- a focus group with members of the Restore partnership (The Green House, Be Safe and YOT)
- A review of evaluation materials used by The Green House staff, including a bespoke evaluation tool developed for use in full Restore cases
- A review of The Green House outcomes monitoring for full Restore cases
- Case studies compiled by The Green House therapists.

A challenge for this evaluation was the extreme confidentiality of Restore case work. This meant that the evaluator relied on information provided in anonymised formats by The Green House, and we were unable to refer directly to any case notes.

Each child The Green House works with has a unique personal story. While we were considering how to present information to highlight the work of the pilot without breaching confidentiality, the Children's Commissioner for England published its report **Making Noise** about children's experience of sexual abuse in the family environment.⁴ The findings of this report mirror the experience of the Green House children and young people's therapists, and many of the quotes in Making Noise repeat comments we heard when gathering information for this evaluation. Where comments in that the Making Noise report are directly comparable to, or reflect the experiences of the children and young people who have participated in the Restore pilot, we may use quotes from Making Noise to describe those experiences without any risk of disclosing the children's stories. Where we have used the stories of The Green House children, we have changed their names, using an alphabetising method so that none of the children could be identified.

2.4. Report Structure

The next section of the report looks at the main findings from the pilot.

Section 4 considers the cost-benefits of applying a restorative approach to working with children who have been sexually harmed by their siblings.

Section 5 comments on learning and conclusions from the project.

⁴ Warrington et al

3. Findings

The findings from the report are framed around the three key research questions:

- development of the partnership
- processes developed
- The outcomes, challenges and learning from the work done to date with children and families engaged in the Restorative Justice process, including the Restore pilot

3.1. Partnership

As an innovative partnership project, the Restore partners had to create an infrastructure for joint working. This contact between the agencies was reported to have cemented their relationships, this connection alone has helped to achieve a joined-up service delivery to children and families impacted by Child Sexual Abuse in Bristol. Intrinsic to the success of the partnership has been that partners have listened to each other, considered the impact of the project on their own service, and made changes as appropriate to accommodate each other.

By working together, the partners have been able to work with the whole family. This is a change from their individual practices: on their own, The Green House works only with people harmed by sexual abuse; and Be Safe works only with children and young people with harmful or problematic sexual behavior. While both agencies work with families, the partnership has created a more holistic service. Partners reported that it has led to valuable “joint formulations.” Before the Restore work, the tendency was to consider which agency would be most appropriate for each child’s situation, and then direct children to a single therapeutic approach. The joint work brings together a range of skills and approaches through which the needs of the whole family can be addressed.

Challenges

Inevitably, there have been some significant challenges to embedding the Restore approach within each agency. Partners identified three primary issues which need attention, if the Restore approach is further developed.

The timing of interventions, both at the start of the work and through the course of the work. Each agency works differently and offers different number of sessions. The timescales of the case work and the programmes are rarely aligned: it is unusual for both to start work with the members of one family at the same time. The report of the first year of the pilot recorded that:

“It may be the case that the child/young person who has harmed begins their intervention with Be Safe before the child / young person who has been harmed begins therapy with The Green House, or the other way round. The children/young people may therefore reach a point of being ‘ready’ to engage in a restorative process at different times.”⁵

If the harmed child is still in therapy with The Green House when the harmer’s programme of work with Be Safe comes to an end, the former can be left feeling less supported because the whole family work has finished.

Different work styles: Each partner works in a different way. Be Safe works collaboratively with the family and key agencies involved to develop a safety plan alongside a care and support plan. A set of “rules” are developed, based on a risk assessment which informs the plan to promote the development of protective factors, whilst mitigating and reducing any remaining risk. The risk assessments and plan are regularly reviewed. However children and their families can sometimes feel that one child has different rules and boundaries than the other – both in their sessions with the agencies and at home.

Anne had been abused by her brother Ben. He engaged with the Be Safe programme, and it was agreed that he could continue living in the family home under strict parental supervision which included adhering to the agreed safety plan. This identified rules that were introduced into the family home. While Ben was working with Be Safe, Anne started therapy with The Green House. In her sessions, she explored themes about equality and fairness, and whether she felt she was being heard within her family. It became clear that, while she understood what the rules required, she did not understand the reasons for them, nor why she needed to abide by a set of rules which she felt Ben had brought into the home. Through the review process which involved communication with Be Safe, Anne’s need to be involved was brought into the open. Consequently, she felt more invested in the family mission to prevent further harm.

This case study shows the benefit of joint working. Restore’s protocols for joint working enabled the dialogue with the family, with positive outcomes for ‘Anne’.

Through the work on the Restore pilot, both agencies have become increasingly aware of these issues, and have been working together to find ways to address them. However, this raises the third critical challenge for the Restore process: resourcing.

⁵ Archer and Windle

Resourcing partnership working

The issues discussed above have been resolved through dialogue between the two agencies. But this *“needs really good communication. We have that, but it takes time.”* [Restore partners focus group]. Partners talked about having achieved stronger relationships, and *“better bridges between the key agencies.”* This has enabled the development of creative approaches to their work. As a result of the pilot, they feel that

“More is possible and through working together, there are greater opportunities for better outcomes.”

But all partners talked about the resource constraints in which they operate:

“... there is less funding, so what each can do (individually, let alone collectively) is getting harder.”

It needs to be recognised that there is a cost to partnership working, as well as benefits.

Key Learning Points

- Partners need to maintain a flexible approach to the work, and be open to the challenges of their different work styles, and the impact this has on children and young people and their families.
- Clients need to be given time to build trust with the agency they are working with before introducing a restorative approach. This will need to be built into the agency offer: the number of sessions offered need to be sufficient to see through the process of working restoratively.
- Similarly, timing and sensitivity are paramount in the decision about when to introduce the restorative approach; and about how to align the timetables of both partners when each is working with children in the same family.
- Time spent by each agency on partnership liaison (in addition to direct work with children and young people and families) needs to be taken into account in budgeting for effective restorative working.

3.2 Processes

During the first six months of the pilot, the Restore partners worked together to clarify their roles and responsibilities, and how they would blend their different individual approaches to this shared way of working. They recognised the importance of

consistency in the application of a restorative approach with families. Just as families can see one child as “good” and the other as “bad”, there can be a tendency to split the agencies in the same way. For some, Be Safe’s directive approach can be preferred because it provides clear boundaries which can offer ‘a solution’. Others, however, feel more in tune with The Green House’s non-directive approach.

In this context, and with the absence of other UK based models to draw on, the partners began to develop a transparent multi-agency framework to support the successful delivery of the project, and clear protocols for using a restorative approach with this client group. The close co-operation between a Child Sexual Abuse Counselling Agency and agencies working with those on such a strategic and operational level is new with restorative approaches emerging in the field e.g. AIM. The group drew on the AIM restorative guidance to inform the assessment framework. (Appendix 6) Given the complexity of the work and the sensitivity of the client group, this was a lengthy piece of work.

“No-one had done this before. We needed first to build a strong foundation for the work. Therapists needed to know that the processes and systems would “work”. When you think about the needs of the children they work with, this certainty was vital. We would not have secured any buy-in from families without it.” [The Green House Managers]

The specific outputs include:

- Referral Protocols
- An Assessment Framework
- Guidance for Introducing a Restorative Approach
- Parent/Carer Information and Consent Form

These processes provide a framework through which each agency can ask permission to be involved in the care of a child who is working with another agency. There are regular review meetings, approximately every six to 8 weeks at which therapists hear about the whole family, and can advocate for the harmed child. This enables The Green House therapists to work with the child from a more informed position, and to give the child a stronger voice in all the work that is done with the family. The multi-agency meeting has become a part of the restorative process.

3.3. People

Applying a restorative approach

It is important to note that the project uses a restorative justice *approach*. This is different from the traditional restorative justice *practice* of a series of conversations leading to a meeting, and completion. A meeting is only one of the possible destinations for the work. With the children and families in the Restore pilot, the work continues, with a focus on family integration that goes beyond the incidences of sexual harm.

Elements of restorative justice that have been found to be valid and useful in the Restore pilot include:

- A focus on working with the family as a whole
- Writing a letter to the sibling (either harmed or harmer)
- Addressing own behaviour – taking responsibility (harmer)
- For the victim to hear that it's not their fault
- Any actions or dialogue that leads to (or towards) healing and resolution
- Aiming towards “unstuckness”
- Parents/carers recognising where responsibility lies, and understanding impact and blame
- Seeing the impact of behaviour on other relationships in the family – so
- Mending relationships

As in traditional restorative justice practice, a key element of the pilot, and of this approach, is to *unpick responsibility for the harm caused*. The partners agreed that this is why it works. Each family is a system – a “traumatised system”, so a restorative approach involves addressing the relational patterns within each traumatised system.

Partners were clear that

“if you don't work with the whole system, you put people back into the same dysfunctional family – and ultimately, there is no change”.

The Restore pilot initially aimed to engage six children aged 18 years and under, living in Bristol, who had been harmed sexually by their siblings. By the end of the pilot, four families had commenced working with The Green House and Be Safe through the pilot, three families had completed with one family still working with the partnership. The length of time required to develop the robust processes and protocols necessary to build a solid pilot project meant that direct work with children and their families started later than anticipated. Further, The Green House therapists found that it took longer than they

thought to initiate the restorative justice work with both the children and their families, because they needed

“to assess the whole family dynamic and the readiness within the whole family for working through issues towards achieving some sort of resolution.”

Each of the three completed cases took between eleven and thirteen months, and each involved between thirty and forty sessions with The Green House. The children working with The Green House were aged 6, 7, 9 and 10 at the time of their referrals. The pilot has also impacted on parents, one of whom referred themselves to the adult therapy service as a result of the whole family approach of Restore. This indicates the importance of considering the impact of transgenerational abuse patterns and the impact on parents of the current harmful sexual behaviour.

The restorative justice approach has become integrated into the work of The Green House’s children’s therapists, who report that they have used elements of the Restore work to support 24 children or young people and 20 parents and carers, in situations where a child had been harmed by someone under 18 years of age who was not working with Be Safe. Green House children’s therapists have already started working differently, for example, assessments for work with children now include talking with the parents about their difficulties.

Numbers alone do not show the process of reaching agreement with the whole family to work with a restorative approach; and to be a part of a pilot project. Nor does the size of the caseload reflect the time and complexity involved with each case. For each child, engaging in a therapeutic process conjured complicated and conflicting feelings: they wanted to explore the thoughts and feelings they were left with as a result of the abuse, but were worried about doing this for fear of the impact this may have on family relationships. They were concerned about the consequences for the harmer, and the impact this would have on the family; and they were concerned about how they, themselves, would be viewed and treated within and beyond their family. They experienced a tangle of feelings of guilt, of ongoing love, and a desire for justice. They wanted to be heard, but were afraid of speaking out.

Restore Outcomes

The outcomes which the Restore pilot aimed to achieve are:

1. Children and young people will show reduced symptoms of trauma, anxiety and/or depression
2. Harmed children have an increased sense of wellbeing

3. The harmed child becomes empowered while their safety is protected, their relationships improve and risk of the repetition of harm is reduced.

These are long-term outcomes. Over two years (or less) we are only able to assess the early indicators of these changes. A child's progress through therapy and recovery is rarely linear. Children will take steps back as well as forward as they are supported to explore being sexually abused within their family. The Green House therapists look for and record small but significant changes for the harmed child.

Further, the Restore pilot works holistically with the whole family, and, while change at this system level has happened through the work of the pilot, it takes longer, and can be difficult to track.

Outcome 1: Reduced symptoms of trauma, anxiety and/or depression

The Green House uses CORE outcome measures (CORE – OM) to record individual wellbeing. CORE-OM is a client self-report questionnaire designed to be administered before and after therapy. The client is asked to respond to 10 questions about how they have been feeling over the last week, using a 5-point scale ranging from 'not at all' to 'most of the time'. The items of the measure cover four dimensions:

- Subjective well-being
- Problems/symptoms
- Life functioning
- Risk/harm

The CORE data shows incremental improvements in one completed case. Another case showed a "negative" change.

When Claire started working with The Green House, she had been assigned the role of the "good child" within her family. This suppressed her actual feelings as she felt that if she stepped out of this role, she would not have a place within her family. Through the course of her therapy, she explored how she could express her suppressed feelings of sadness and anger, and what this meant for her own identity. Could she be angry and still be herself? Can any person hold more than one feeling? At a mid-point in her therapy, she was beginning to explore aggressive or angry feelings, but still had no clear communication channel through which to express her feelings. By the end of the therapy, she recognised the scope and range of her emotions, and was much better able to express them. She understood that she had the right to express negative feelings, and not to have to comply with others.

With support, “Claire” was able to express her suppressed emotions. At the end of her therapy, she was able to voice her anger, and to be less compliant and therefore less accepting of what had happened to her. This is seen as an important milestone that may contribute to reducing the trauma of her abuse.

Children who have been sexually abused within their families hold a sense of responsibility for what has happened, and for impact that bringing it out into the open will have on relationships in the family. These concerns stop children from talking about the abuse and the impact it has had on them; this creates a barrier which keeps the child stuck within a cycle of harm.

“The number one thing you can’t do is bottle things up because no matter how helpful you think it may be bottling it up, it doesn’t help. It’s like if you shake that can of soda it’s going to end up exploding at one point or another.” [Making Noise interviewee, female, 13 years old]

The Green House provides a safe space for that explosion. A key aim of therapy is to enable children to better express themselves, and to understand the spectrum emotions is not only acceptable, but also is a healthy response: it is OK, and even positive to be both “good” and “angry”.



Scary Mask: “When I put this on, I can be both scary and safe.”

While the Green House seeks to enable the harmed child to move beyond the trauma of the abuse, Restore works within a whole family context. It aims to enable the family, as well as the child, to recover and to move forward. The restorative approach challenges the concept of “victim” and “harmer” as fixed positions. Both agencies, working together, support the family to understand that the harmed child can be, and has the right to be, angry; and that the harmer is also a vulnerable child.

Children have benefited from being believed, and from being heard within the family. This has built their self-confidence and self-worth. Crucially, they have begun to manage their symptoms of trauma and to integrate their difficult experiences into their identity. This provides a strong basis for increasing their sense of wellbeing.

Outcome 2: An increased sense of [the harmed child's] wellbeing

When we consider wellbeing outcomes for children who have been sexually abused within their families, we look at factors such as children feeling:

- better able to cope with their problems
- more optimistic about their future
- more confident
- less shame
- that they have a place in the world
- that they have an identity that is not dominated by victimhood.

“...it's an over-looming feeling throughout the whole experience and from the beginning, you have this feeling of this sign being above your head saying, 'this has gone on'... you feel like there's this sign above your head flashing saying, 'victim of sexual abuse' or whatever, so you feel like everyone knows and you feel like you're singled out.” [Making Noise interviewee, female, 15 years old]

The anticipation and experience of stigma is a factor that stops children from talking about the abuse they have experienced, and therefore from getting the help which will help them achieve change in their sense of themselves. Inevitably a child who has been sexually harmed will have a negative and damaging self-image which they struggle to articulate.

One of the Restore cases involved a child who was initially unable to express their feelings. After a number of sessions, he progressed to “*covert communication*” of his aggressive or angry thoughts or feelings. By the end of therapy, he began to recognise and explore the range and continuum of emotions, and was more in touch with his feelings and his emotional world.

Another drew her experience of the world. The figure of Pudsey represents a “nice person” who is meant to be a protective and loving presence. But she has learned that people are not always who they seem to be. A “nice person” can let you down and become abusive.

The picture represents the muddle of love and hate for a person as beneath the image of the nice Pudsey lurks an evil and scary Pudsey, who at first glance looks the same.



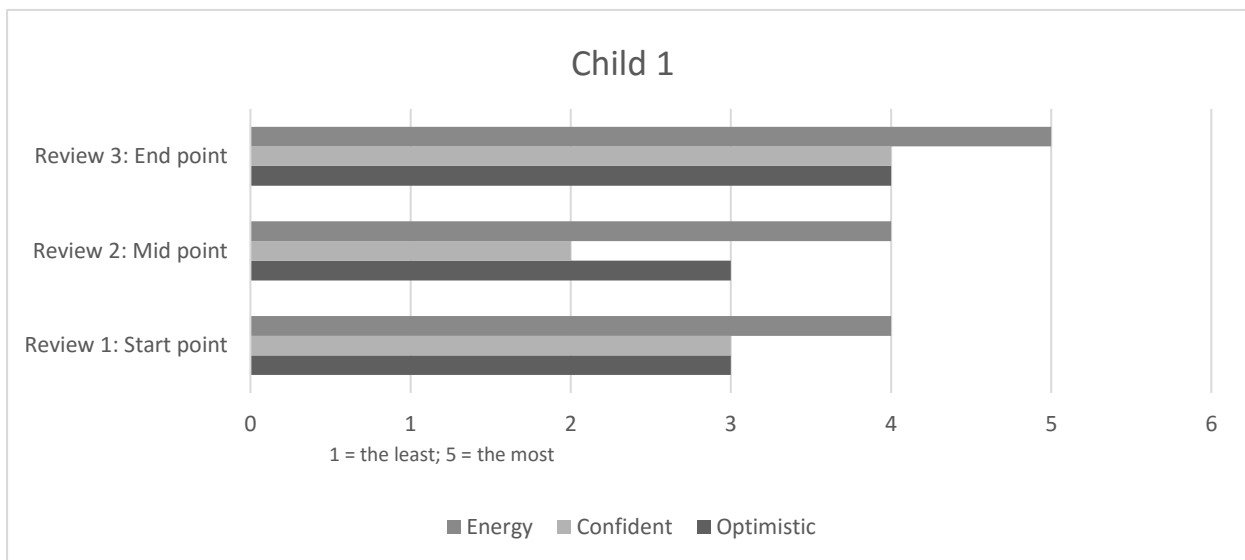
“Good Pudsey”



“Evil Pudsey”

A Green House therapist described one child moving through a “*continued sense of chaos*” in her inner world, to a position at the end of therapy where she was “*tentatively able to look beyond it, and to do things differently.*” These are significant shifts that enable harmed children to move towards a greater sense of their own wellbeing.

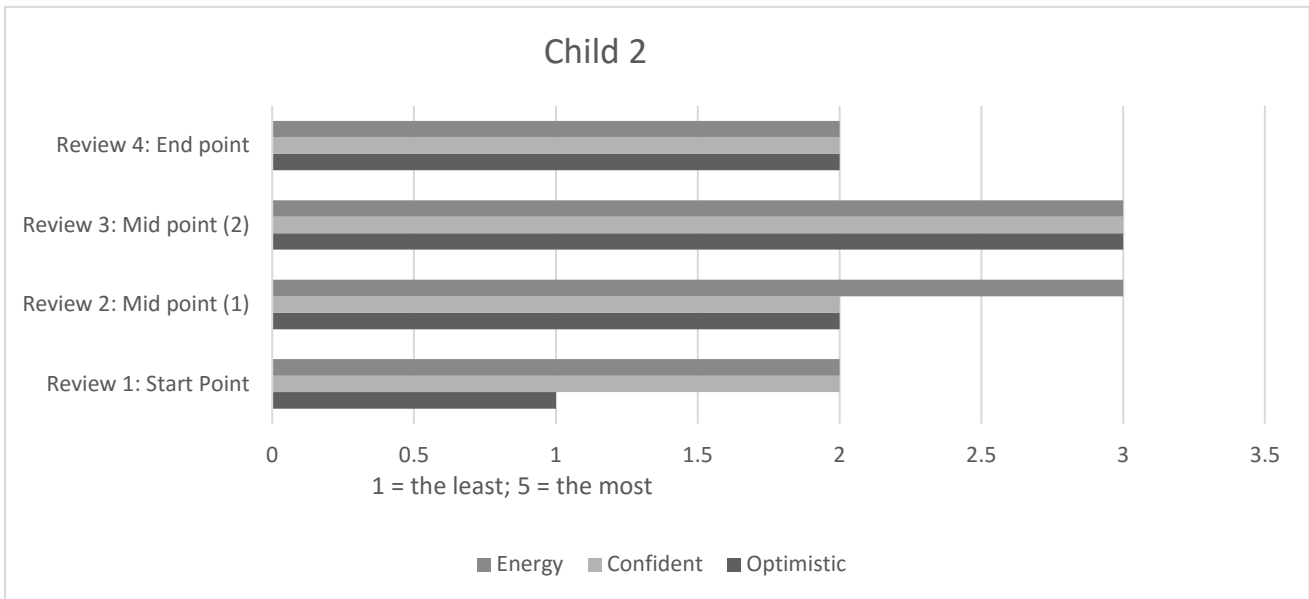
For two of the Restore cases completed during the course of this evaluation, therapists recorded the changes to the child’s wellbeing through the course of therapy. By the end of their therapy, “Child 1” was more energetic, confident and optimistic than at the start. The “dip” at the mid-point reflects the fact that therapy is rarely a linear, progressive process: when difficult issues are unearthed, well-being can reduce.



By the end of his therapy, this child reported an increase in his sense of self-worth and self-respect and increased confidence in his own abilities. He spoke about achievements or actions that made him feel proud. And, a vital change: he expressed a sense that it is possible for “things to be fair.”

The importance of fairness is widely reported in the literature describing children moving forward after sexual abuse; and indeed it is core to the Restore process: restorative justice aims to repair harm and restore wellbeing, and can support harmed children to let go of a sense of injustice and so to move on, beyond victimhood, in their lives.

In the initial months of therapy, “Child 2” made significant wellbeing gains. However, towards the end of the process, which involved all agencies, there was the prospect of a court case, and this led to a setback in the child’s wellbeing. At the time of writing this report, the case was on hold pending the outcome of a set of decisions about court action.



We will discuss issues about the criminal justice system below.

Outcome Three: The harmed child becomes empowered while their safety is protected, their relationships improve and the risk of the repetition of harm is reduced

Impacts in this domain are long term; however, some short-term gains can be seen from using this approach. Changing from compliant roles within the family and opening up dialogue is considered to be an indicator that a child is moving towards this outcome.

An indicator of improved relationships is the impact on other members of the family, and in particular parents, of being involved with Restore. Over half of the children interviewed for Making Noise highlighted the need for professional support for their family members.

“These needs were often framed as inter-related: children need to be able to talk to close family about what had happened [and] supporting family members’ need to understand and respond appropriately to children’s own feelings and responses.”⁶

The Green House has experienced an increase in cases where the parents of children working with their children’s service have started therapy with the adults’ service. This has happened since The Green House started to apply the restorative justice approach to their work with all children who have been harmed by another child. Therapists reported that parents have wanted to “*explore some of the feelings of conflict and reduce the isolation.*” In one case, the therapist reported that

⁶ Warrington et al

“Mum has been able to communicate her difficulties & a sense of her own needs, which do not feel met”

and that this enabled progress within the family, for the abused child as well as their parent.

When family work is delivered holistically by both Restore partners, it can be particularly effective. In the partnership meetings held jointly with Be Safe, the voices of both the child who has harmed and the child who has been harmed are heard in an equal and supportive environment. Parents are also supported in an environment which hears and respects their conflicting and turbulent emotions. This is an unusual approach for agencies working with child sexual abuse, where agencies tend to work with one child or the other rather than address the feelings of both in the same room. Agencies working in isolation with the same family can contribute to the divisions within the family, mirroring the disconnect between supporting organisations.

By contrast, the Restore partners work together, modelling an alliance in the most difficult situations. This, in itself, supports all members of the family, and shows the parents how they, too, can work together to heal the family. In two cases, parents on the brink of separation have reported to The Green House therapists that this collaborative approach has prevented the breakdown of their relationships.

3.4. Disrupting the cycle of harm

By addressing the whole family together, the Restore approach makes a vital contribution to breaking any “cycle of harm”. Many of the parents of children who are in the Restore pilot have been abused as children themselves, or experience domestic violence or abuse within their current relationships. The NSPCC reports that *“children and young people who develop harmful sexual behaviours have usually experienced abuse or neglect themselves.”*⁷

The Green House sees this in its own work.

Dina, aged 14, had been sexually abused by her grandfather when in his care at the weekends. Her younger brother Eliot, aged 12, had been groomed by their grandfather to then act out sexually harmful behaviour towards Dina. When this systemic abuse was finally disclosed by Dina, a criminal investigation was launched. Eliot was referred to Be Safe and Dina to The Green House.

⁷ Harmful sexual behaviour: NSPCC Research Briefing, July 2013
www.nspcc.org.uk/Inform/resourcesforprofessionals/sexualabuse/harmful-sexual-behaviour-briefing_wda96886.html

By working with this family as a unit, Restore supported families to work together to heal the harm. This holistic work was underpinned by the joint work between the two agencies: sharing the assessment process, sharing information, and bringing together other relevant agencies. The multi-agency understanding that has developed was described by partners as *“forming the bedrock”* of the Restore approach, and this strength has enabled them to work with families to change the patterns of harm in the future.

3.5. Challenges to the restorative approach: Working within a broken system

The Restore partners identified a number of challenges to the effectiveness of the pilot. These primarily reflect issues external to the partner agencies, over which they reported having little or no control.

Children in the Criminal Justice System

We have discussed above the importance to harmed children of achieving justice if they are to move beyond an identity dominated by victimhood. Unfortunately, the experience of children, families and agencies is that they are often let down by the system through which justice is delivered. Agencies describe the criminal justice system as *“not fit for purpose”*.

“For many of those interviewed, engagement with criminal justice processes marked the single most difficult experience with professionals following the identification of their abuse. Criminal justice procedures ... were often described as extremely difficult, stressful and sometimes traumatising experiences.”⁸

Court itself was described as

“...a vile place, it is such a vile, vile place, it’s like there are no boundaries and they don’t care what age you are, what has just gone on, they don’t care ...” [Making Noise interviewee; female; 15 years old)

But even before the Court experience, agencies discussed a range of problems with the criminal justice system.

The first is **timing**. The Children’s Commissioner reported ⁹ that *“the median length of time for child sexual abuse cases is 248 days”*, and that *“child sexual abuse investigations*

⁸ Warrington et al

⁹ Children’s Commissioner: Investigating Child Sexual Abuse: the length of Criminal Investigations: April 2017

take longer than all other crime types." This is partly due to the complexity of the investigations, but this is a very long and difficult time for harmed children and their families, and even more so when the harmer is a family member. The Children's Commissioner recommends that children have access to support during the criminal justice process, including pre-trial therapy. However, the timetables for the therapeutic and the court processes differ, and are rarely coordinated.

For both The Green House and Be Safe, this can be particularly challenging. Be Safe has greater flexibility than the Green House, but there are pressures to meet intervention completion targets. Each organisation is funded for a limited number of sessions with children, often less time than it takes for a case to come to court. But the period around the court case is a time at which all members of the family need considerable support. We have seen above (Section 3.3 outcome 2) how a court case can result in negative outcomes for children.

One of the early cases in the Restore pilot was delayed while the family waited for a decision about whether or not a court case would be held. The Green House reported that

"...there are limitations in terms of the therapeutic process whilst we are waiting for a decision from the Crown Prosecution Service."¹⁰

Therapists described another case in which the "stickiness" of the criminal justice system "filtered out" into the holistic work with the family. The harmed child

"...could not proceed in her work without knowing that she had been believed by the police and without knowing what would happen to her harmer...The parents were also limited in how they were able to support and help their children to process what had happened to them until they had any confirmation about the legal conclusion of the case."

In this case, constructive restorative work had to be halted.

Beyond this, the Restore approach presents a systemic challenge to the criminal justice system. Restorative justice is rooted in understanding where the responsibility for harm lies, and in taking actions to repair that harm. At the heart of the restorative justice process is the question of how can the harm be repaired. The criminal justice system is predicated on establishing guilt, and is polarising and oppositional. This difference was seen in the case of 'Dina' and 'Eliot' (section 3.3 outcome 3 above). The family agreed to

¹⁰ Archer and Windle 2016

be involved with the Restore pilot because all wanted healing within their family relationships. But the work was delayed, and then halted because of the delay in criminal proceedings, and then because of the implications of the criminal justice system.

Although Eliot wanted to begin the reparation process with his sister, this would not be possible with the [CJ] investigation still not complete. Eliot wanted to offer an apology to his sister for his actions, as an act of reparation. But this might have unwittingly translated to him accepting responsibility for all of the wrongdoing in this case, and allowing the grandfather to walk free.

A study from Australia¹¹ argues *“that a primary benefit of restorative conference is the early admission of guilt that a survivor gains when an offender takes part in this program. An admission of the crime is beneficial in validating a victim-survivor’s experience.”* However, if this is not matched by an appropriate response from the court system, these gains can be powerfully undermined. The Restore practitioners understand the pressures and conflicts within the system. The impact that this has on case work needs to be understood by both the CPS and by commissioners of restorative justice practices with children who have experienced sexual harm. The Children’s Commissioner commented that

“...children’s strong sense of fairness must be matched by a justice system that is able to keep them safe, respond to their associated psychological support needs and apply best practice in child friendly justice.”¹²

Recommendations:

- The impact on case work of delays and problems needs to be understood and acknowledged by funders and service commissioners. Where necessary, funding should be adjusted to enable the partners to continue their work with children and families throughout their involvement with the criminal justice system/processes.
- Although outside the remit of this report, and of the pilot, Restore partners should be invited to work with relevant agencies including the PCC and CPS to identify ideas for speedier, tailored and systematic responses to sexual harm in families.

Children in the care system

The local authority Children and Families Service is a key agency partner in the work of all partners working with child sexual abuse. Because each case is unique, we are not able to discuss specific cases without a risk of breaching confidentiality. However, a range of

¹¹ Bolitho and Freeman

¹² Warrington et al

issues were discussed through the course of the evaluation. These include:

- The extent to which foster carers are able to support children placed in their care who have been sexually harmed
- The difficulties of keeping other children safe if a child who has harmed sexually other children is placed in their care
- The location of placements, which can be away from the home area. This can be difficult for the family as a whole, and can challenge families' engagement in a restorative process.

The Restore partners are aware that resource constraints in the public sector are putting ever greater pressure on individual social workers, and on the Children and Families Service. There are increasingly high thresholds for accessing mental health (CAMHS) and social care services, coupled with a lack of capacity for preventative work. Further, children experience regular changes in Children and Families Service staff, and this inhibits their abilities to build a trusting relationship with their social worker.

The early evidence from the pilot suggests that Restore could work well alongside the care system, either to support children who have been removed from the family for a short time, or to support the family as a whole if the child is not removed. Restore works holistically with the family by bringing together different styles of therapeutic approach most suited to the circumstance, Be Safe's directive approach towards the reduction of harm, and The Green House's non-directive approach to support the harmed child and give them a voice in the process. In this way, it can offer a process which aims to reduce the cycle of harm in families.

Recommendations:

If the Restore approach continues, funding should be considered to

- Explore how better and longer-term support packages can be provided through a partnership between Bristol City Council Care and Support – Children and Families and the Restore partners.
- Better advice and guidance to social workers and foster carers about these options and the different approaches that would benefit children who have experienced sexual harm and those who have harmed.
- Improved understanding by Social Workers, and guidance to foster carers about the different approaches and available options.
- Training and support for foster carers who are looking after children who have experienced sexual harm and those who have harmed.

4. Cost benefits of the Restore Approach

Restore: a costly intervention?

The Restore pilot worked directly with a small number of children. Did it offer value for money? This is a difficult question to assess. The outcomes of the pilot on children and their families cannot be fully measured over this two-year period: they will take place in the long-term. However, the cost to society of child sexual abuse is considerable. The NSPCC¹³ reports that the total costs to the Exchequer of child sexual abuse were almost £425 million in 2012/13. This is made up of central government department costs of

- £182 million in health spending
- almost £150 million spend in the criminal justice system
- close to £100m million within children's social care services.

When we look at the value offered by applying a restorative justice approach to work with children who have sexually harmed their siblings, we can identify more specific savings to the public purse, based on actual outcomes of the Restore pilot. These are early findings based on the work of the pilot. We recommend that this analysis is further developed.

Children coming out of the care system

The focus of the Restore pilot has been on working with the family as a system. This has enabled children who had been taken into care to return to the family, and for this to be safe for the harmed child, the harmer and the rest of the family. It is unlikely that this would have happened without the work of the Restore partners. The National Audit Office calculates that the average cost per year of a child in foster care is between £29,000– £33,000 and that the average annual spend on a residential place for a child is £131,000– £135,000. If the child taken into care is 12 years old, they will be in care for at the most six years: a sum of between £180,000 and £786,000¹⁴ without any annual cost uplift. Returning a child to their family represents a significant saving in cost terms alone, without considering the potential emotional impact of a care placement. The National Audit Office comments on the importance of early intervention which both supports children and families, and saves costs.

Avoiding family breakdown

The breakdown of parental relationships is a common occurrence after sexual abuse is disclosed; this is particularly so when the abuse occurs among siblings. Restore

¹³ *Estimating the costs of child sexual abuse in the UK* Aliya Saied-Tessier

<https://www.nspcc.org.uk/globalassets/documents/research-reports/estimating-costs-child-sexual-abuse-uk.pdf>

¹⁴ <https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf>

therapists report that they have worked with several parents on the brink of separation. The 2016 update of the Relationships Foundation's "Cost of Family Failure Index" shows that the cost of family breakdown to the taxpayer is £48 billion, costing each taxpayer around £1,820 a year.¹⁵

Disrupting the cycle of harm

In several of the Restore cases, the work has led to a parent disclosed their own childhood sexual abuse. That trauma continues to play out across the generations, with the cycle of harm seen in the dysfunction of sibling abuse. The example below is based on one of the mothers whose child has been part of the Restore pilot. The mother has internalised the shame and blame from her experience of sexual abuse and she has struggled with depression throughout her adult life. She has had two abusive partners. Her children have been affected, and have acted out the pattern of abuse that she has experienced. Restore is working with the family to prevent further harm, and we can assess its value by quantifying the costs to statutory services of the effect of trauma. These costs do not include jobseeker's allowance or housing benefit, which are also significant costs in this case.

Restorative Justice Cost Benefit Assessment

Mother previously sexually abused in childhood

Actual costs recorded in mother's case	Unit	Time / Period	Cost	Total
Child in Need care proceedings	Per incident	2 occurrences	£4,825	£9,650 ¹⁶
DV incidents when police called	Per incident	3 occurrences	£2,470	£7,410
Child in Foster Care	Per Week	25 weeks	£577	£14,425 ¹⁷
Other Child permanently taken in care at age 15	Per Year	2.5 years	£52,676	£131,690
Mother's depression throughout adult life. Now aged 43	Per Year	25 years	£830	£20,750
				£183,925

¹⁵ <http://www.relationshipsfoundation.org/wp-content/uploads/2016/02/Counting-the-Cost-of-Family-Failure-2016-Update.pdf>

¹⁶ <http://dera.ioe.ac.uk/1044/1/court-fees-child-care-proceedings.pdf> (2009)

¹⁷ <https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf>

Finally, the benefits of restorative justice in the criminal justice system itself are increasingly recognised. For example, Lord McNally reported to the All-Party Penal Affairs Parliamentary Group (AGM, 3 July 2012) that

“Victim-led restorative justice can allow us to make inroads into the re-offending cycle, with the triple benefit of victims avoiding the trauma of future crimes, the tax payer not having to foot the bill for more crime, and a rehabilitated offender making a positive contribution to society.... The evidence for the effectiveness of restorative justice is promising.”¹⁸

The Green House intends to build on this approach to map the impacts of this work as it continues to develop the restorative approach to our work with children.

¹⁸ The Future Place of Restorative Justice in the Criminal Justice System
<http://www.prisonreformtrust.org.uk/PressPolicy/Parliament/AllPartyParliamentaryPenalAffairsGroup/TheFuturePlaceofRestorativeJusticeintheCJS>

5. Conclusions

There is 'no quick fix' to the trauma of child sexual abuse within families. The Children's Commissioner records that

*"...many children's needs will continue into adulthood or reappear later in life ...however...those interviewed [for Making Noise] expressed a strong desire to communicate a sense of hope to other children facing similar circumstances and the importance of optimism in professional interventions."*¹⁹

It is recognised that positive early interventions will impact on children's wellbeing and resilience as they grow up. The Restore approach offers an innovative range of tools that can support families to come to terms with what has happened within the current family system. As the project developed, The Green House found that it was increasingly also addressing past abuse in the lives of parents. In this way, the impact of the project is deeper and more long-lasting than had been anticipated.

The Restore pilot has been delivered through a successful partnership. This has taken time to establish, but has enabled its members to understand different approaches to working with harmed children and the siblings that harm them. Through this, the partners have developed a set of integrated and holistic processes that can be seen to have benefited the families they work with – both directly through Restore, and indirectly in the wider work of each agency.

A restorative approach has become part of the culture at The Green House, and both The Green House and Be Safe would like to continue to work in this way together. We have identified the wider cost-benefits of using the principles of restorative justice in cases involving sexual harm among siblings. However, there is a cost to this work to each agency: both the liaison between partners and the joint work with families takes time. If the work is to continue, there is a need for funding to cover the staff time required to develop this innovative project.

¹⁹ Warrington et al

Appendices

Appendix 1: References

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Appendix 2: Restore Partners

The Green House is a specialist sexual abuse counselling / therapy service, providing free therapy to children, young people, men and women affected by sexual abuse or sexual violence at any point in their lives. With over 30 years' experience working in this area, the organisation has built up a strong reputation for making a difference to the lives of those who have experienced trauma through delivering professional services with proven outcomes. The Green House is a registered charity.

The Be Safe Service works with children and young people who have engaged in problematic / harmful sexual behaviour and their parents / carers across Bristol and South Gloucestershire, offering advice, consultation and training to professionals, and direct assessment and intervention services to children, young people and their parents / carers and families. Be Safe is a specialist multi agency partnership commissioned Bristol and South Gloucestershire CCGs and Bristol and South Gloucestershire Councils and managed by Avon and Wiltshire Mental Health NHS Partnership Trust and based within Community Children's Health Partnership services, and delivered by a multi-disciplinary team. Be Safe was established in 2008. Be Safe work closely with the local Children's Services and Youth Offending Teams who alongside health and Criminal Justice Professionals can make referrals to Be Safe.

The Bristol Youth Offending Team (YOT) is a criminal justice multiagency public organisation supervising young people who are also young offenders (and working with their parents / carers and their victims). Their aim is to prevent young people from offending or re-offending and this is achieved through developing consistent and effective responses to youth crime. In terms of reparative work the YOT can help young people to understand the impact of their offending by involving them with those who they have harmed and, where possible, arranging for them to address the damage caused as a result of their crimes. Staff at the Bristol YOT regularly use restorative justice approaches as part of practice and some staff are trained in using restorative justice approaches with young people who sexually harm.

Appendix 3: Theoretical Basis for the Pilot - from the report of the first year of the Restore Project

The majority of sexual abuse happens within the family (63% based on The Green House's client data) and statistics from The Home Office tell us that 30-35% of all sexual assaults are committed by young people under 18 years.

Relationships within the family unit are obviously deeply affected when interfamilial abuse occurs and family breakdown is a common occurrence with our clients.

An NSPCC review of services for victims of sexual abuse in 2009 concluded that there was *'a huge shortfall in counselling leaving thousands of sexually abused young people struggling to recover.'*

Henniker and Mercer (2007) rightly note that *'Victims of sexual abuse are often the forgotten element of statutory agencies charged with the responsibility of addressing sexual abuse. Until recently, victims have been ignored by mainstream criminal justice; in respect of victims of sexual offending this can have even more profound and far reaching consequences.'* They go on to note that sexual abuse can devastate individual lives, of both the abuser and the victim, but it can also have a devastating effect on all those affected by the behaviour; siblings, parents, carers, extended family & even the broader community... *'Restorative justice recognises the ripple effect of harmful sexual behaviours and puts the emphasis on restoration, repair and reintegration.'*

Bera when referring to sex offenders argues that *'victims and offenders are generally treated in a fragmented, inadequate and isolated manner, ignoring the context in which the abuse has occurred. ...Both victims and offenders verbalise and act on misattributions of responsibility, ...they can be most completely treated by bringing victims and offenders together in a carefully prepared, safe and controlled context...'*

A Youth Justice Board Restorative Justice source document (Sherman et. al., 2008) highlighted the value of restorative justice approaches in working in cases where there is a victim of more serious crime citing a Canberra study (Strang, 2002) of victims of young offenders noting that they are less likely to fear repeat victimisation, to suffer anxiety, to be angry at their offenders, or to feel insecure and untrusting after they had had their violent or property crime dealt with in an RJ conference than before the conference. They noted clear benefits to victims and the importance of face to face communication and in some cases a reduction in the impact of PTSS.

Whilst we recognise that not all those who have been harmed sexually may wish to engage in a process which brings them together with the person who has harmed them, The Restore Pilot provides children and young people with an opportunity to consider their relationships with those involved and provides opportunities for the harm and impacts to be addressed openly within a supportive setting.

Ruth Archer and Michelle Windle, An Evaluation of the Restore Pilot – Year One (April 2015- April 2016); The Green House, Bristol, June 2016

Appendix 4: PCC Priorities

The Avon & Somerset Police & Crime Commissioner's Crime Plan for 2015 – 2017 highlighted as main priorities: *'tackling domestic and sexual abuse'* and *'putting victims first'*.

In terms of *'Tackling domestic abuse and sexual abuse'* the PCC Plan highlights that its approach for 2015-2017 will be to:

- *Improve the way agencies work together to provide efficient and effective support and prevent victimisation through early intervention*
- *Encourage victims to access the support services available to them*
- *Raise awareness and be a visible leader in the campaign against these forms of abuse and exploitation*
- *Support, monitor and oversee improvements in the consistency, quality and stability of critical services being provided to victims*

In terms of *'Putting Victims First'* the PCC Plan highlights that its approach for 2015-2017 will be to:

- *Work closely with partners to ensure that victims experience high quality joined up support that is tailored to their need and that the voice of the victim continues to be heard in the criminal justice system*
- *Ensure all the services commissioned to support the most vulnerable victims of crime and anti-social behaviour are working effectively and helping victims to cope and recover from their experience*
- *To support a consistent approach to Restorative Justice across Avon and Somerset, directly commissioning Restorative Justice Services to ensure more victims are offered this resolution at a time that is appropriate to them*

Appendix 5: Initial project outcomes

The pilot aimed initially to engage six harmed children aged 18 years and under, living in Bristol, to participate in the pilot. Its intended outcomes were:

- Increased victims' sense of wellbeing
- Reduced victims' symptoms of trauma, anxiety and/or depression
- Decreased victims' risk-taking behaviour and harm to self
- Improved victims' relationships
- To reduce repetition of harm
- To empower victims while protecting their safety.
- To enhance the sense of responsibility of those who have harmed them for their actions, while increasing their awareness of the true impact.

The Rest△re Pr△ject



Guidance for assessing appropriateness of restorative justice process between a child/young person who has been harmed sexually and the child/young person who has harmed them

Context:

This is condensed guidance for considering restorative justice processes between a child who has been harmed sexually and the child/young person who has harmed sexually. This is written to inform The Rest△re Pr△ject Pilot led by The Green House in collaboration with the Be Safe Service and the Bristol Youth Offending Team.

The process is informed in the first instance by the needs and wishes of the “victim”/person who has been harmed. We have chosen to use this latter terminology on the basis that children and young people who are victims of sexual abuse are much more than victims and are likely to have experienced various harmful impacts from the behaviour.

The Restore Project – Flowchart

(Client A – Child or young person who has been harmed)

(Client B – Child or young person who has harmed them)

Clients A & B are identified as potentially benefitting from involvement in the Restore Pilot



Clients A & B start their individual work with The Green House and BeSafe (this may not happen simultaneously)



At the appropriate stage (at The Green House once the client reaches their 6 week review) the Info. Sharing & Consent Form will be shared and discussed



If the client/s & their parents/carers feel able to *'give their consideration'* to being involved in the pilot - the Info. Sharing & Consent form will be signed



A planning meeting will take place between The Green House / BeSafe / YOT to discuss the process for working with the identified clients A & B in the individual services



Where an RJ process is still appropriate and when the clinician working with the individual client (A or B) feels confidently able to answer the assessment questions on

behalf of the client - the assessment will be introduced verbally and discussed with the client and then completed by the clinician (possibly in collaboration with a colleague)



The assessment outcome is shared between partner agencies



According to the timing of services and the individual pieces of work being conducted, there may be a lapse in time from the completion of the assessment in one service until the assessment is completed in the other.



A planning meeting will take place between The Green House / Be Safe / YOT to discuss the process for introducing an RJ intervention if this is still appropriate



Next Steps - planning and preparation for RJ.....

Consideration will be given to various restorative justice processes in line with the Bristol YOT guidance in the area and informed by what is in the best interests and wishes of the child/young person who has been harmed. This may include a supported face to face therapeutic meeting in collaboration with Greenhouse and Be Safe; face to face restorative justice meeting in collaboration with Greenhouse and the YOT; the person who has harmed writing an apology letter which is shared with a child who has been harmed through one of the processes noted or through an alternative means e.g. through the child who has been harmed parents' or counsellor, holding a letter on file for the child until such time as they are ready to receive the letter.

The Bristol YOT guidance makes reference to reparation processes and shuttle mediation which should be considered as possible options when the young person who has harmed comes under the criminal justice system.

Any face to face meeting needs to be informed firstly by the needs of the child/young person who has been harmed and include preparation for all parties involved and follow the processes as outlined below. The process of assessment outlined below must be adhered to.

It takes place only when the young person who has harmed has learnt to manage their harmful sexual behaviour safely, the person harmed feels safe and in control, where safe guards are in place and contributory factors have been addressed.

It is important to consider both the risks to such a meeting as well as the potential benefits.

This assessment guidance is an adaptation of guidance developed by Thomas and Viar (2005), and the AIM Project's Restorative Justice Assessment Guidance (2014). These have been extended to consider the role of young person's support network drawing particularly from the ideas of Turnell and Essex (2006), and Turnell and Edwards (1999).

We would propose that an assessment is undertaken of each of the parties as to their suitability to engage in a restorative process. We suggest considering this on a scale from 1 (not suitable) to 5 (suitable) as outlined below. The assessment subheadings have been informed in part by the AIM Project's Restorative Justice Assessment Guidance (2014).

Name of Child/Young Person: _____ Practitioner Completing: _____ Date: _____

Child/young person who has been harmed:

1. Responses to harmful sexual behaviour

1.1 Does the child/young person who has been harmed sexually hold the person who has harmed them as reasonable for the harmful sexual behaviour?

1 Blames self for abuse	2 Shares responsibility	3 Undecided	4 Sees person who has harmed as responsible for past behaviour but not current	5 Sees person who has harmed as fully responsible
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1.2 Does the nature of the relationship and contact of the person harmed with the person who has harmed indicate the usefulness of a restorative process?

1 There is no ongoing contact or relationship.	2 There is limited contact.	3 There is some contact with the possibility of further contact in the future.	4 The children live together and have an appropriate safety plan in place which is supported by caregivers.	5 The children live together and have demonstrated that they can comply with the safety plan without significant carer input.
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				The child who has been harmed is able to fully assert their needs.
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1.3 Is the child who has been harmed able to recognise the impact of the harmful sexual behaviour on them?

1 Not able to address impact and significantly denies any impacts.	2 Has begun to address impacts with some difficulties.	3 Has accepted limited impacts and beginning to show greater willingness to address.	4 Has substantially addressed impacts but still some ongoing issues.	5 Has fully accepted and actively addressed the impacts of the behaviour.
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2. Support

2.1 Are key family members aware of the impacts of the harmful sexual behaviour on the child harmed and able to offer support?

1 Key family members fully deny the harmful sexual behaviour and its' impacts, including parents/carers, and blaming of the child harmed.	2 Whilst they admit the possibility of the behaviour they remain ambivalent to its impacts, and place blame on the child harmed.	3 Give inconsistent responses due to role conflict or other reasons.	4 Are largely supportive but need support themselves.	5 Highly supportive and accepting of hsb and its' impacts.
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2.2 Child/young person who has been harmed is able to express worries/concerns and difficulties and access support.

1 Not at all.	2 Child harmed is fearful of admitting due to fear of negative responses.	3 Able to admit to concerns to a limited degree but with little expectation of a response.	4 Can admit worries at certain moments with some degree of confidence of receiving appropriate response.	5 Feels listened to and confident of appropriate response and shows ability to access appropriate support.
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2.3 Has the child who has been harmed received appropriate therapeutic support to address the impacts of the harmful sexual behaviour?

1 None	2 Limited and is ambivalent about the therapeutic input offered.	3 Engages with the therapeutic support but maintains a level of ambivalence.	4 Has accessed and made use of therapeutic support offered and developed appropriate strategies to manage impact.	5 Has completed therapeutic work and is empowered to access further support when needed, and able to use strategies for managing impact.
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2.4 The child who has been harmed has been able to talk about/acknowledge their experience of sexual abuse with support in a clinical setting with mother/father/carer or other appropriate adult?

1 Not at all. (Child and /or parent/carer not	2 In a general sense only and is somewhat	3 Has given a limited account and would	4 Has given a clear and coherent narrative (to	5 Child has fully shared narrative (and feels
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accepting of this process).	defended. (Risk of parent/carer being overwhelmed by hearing account).	benefit from further work. (Parent/carer may also find difficult to hear and may require further support).	parent/care/key adult and child and/or parent/carer may require further sessions to process).	appropriately supported by parents/carers/key adult).
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2.5 There is a safety plan in place which the child understands and conforms to.

1 There is no safety plan in place.	2 There is a safety plan in place but neither the child harmed nor their parents/carers understand and/or adhere to the plan nor see the need for it.	3 The child and their parents/carers are fully aware of the plan and need for it but struggle with implementing it.	4 The child harmed and their parents/carers partly adhere to the plan, although there is some evidence of occasional lapses.	5 The child harmed and their parents/carers fully adhere to the safety plan.
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3. Appropriateness and Willingness to Participate in Restorative Processes

3.1 What is the child's/young person's understanding of the restorative process?

1 No understanding.	2 Limited understanding and/or confused about process.	3 Satisfactory understanding of process.	4 Good understanding of process.	5 Full and accurate understanding of process.
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3.2 Motivation to be involved in the process?

1 Not at all motivated.	2 Limited motivation.	3 Reasonably motivated with minor reservations.	4 Largely motivated.	5 Very motivated.
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3.3 Realistic expectations of process and which process is best suited to them?

1 Totally unrealistic.	2 Mainly unrealistic.	3 Mostly realistic.	4 Largely realistic.	5 Totally realistic.
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3.4 Child/young person can identify benefits to engaging in the process for themselves and others?

1 Not at all.	2 Limited with a focus on others wishes and needs.	3 Limited benefit but with regard to wider potential.	4 Sees possible benefits for self and others.	5 Able to clearly state potential benefits for self and others.
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3.5 Ability to express self safely?

1 Not at all.	2 Limited.	3 Partly with support.	4 Largely able to express self.	5 Totally.
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3.6 Does the child/young person have any issues that might limit their effective participation in the process?

Issues to consider:

- Pattern of low scores in 1 and 2 above.
- Drug/alcohol misuse
- Family difficulties
- Fearful of person who has harmed them or unsafe to have direct contact if in face-to-face meeting (other approaches could be used)
- Lack of support
- Mental health problems
- Physical illness
- Significant learning difficulties
- Communication or language problems
- Developmental issues and/or other vulnerabilities

1	2	3	4	5
Yes significant issues that are likely to prevent participation.	Some significant issues that may prevent participation but needs to be assessed.	Some but with support should be able to participate or consideration given to alternative methods.	Some minor issues that can be addressed with appropriate support.	No known issues that would prevent participation.

3.7 Preparation and support to engage in process?

1	2	3	4	5
No preparation or support to engage in process.	Limited preparation and support to engage in process.	Some preparation and support to engage in process but may benefit	Has had good preparation and support with ongoing support in	Excellent preparation undertaken with

What support have they received to address the impact?

Total the scores from the assessment above:

1. Responses to harmful sexual behaviour (3 low to 15 high) =
2. Support (8 low to 25 high) =
3. Appropriateness and Willingness to Participate in Restorative Processes (8 low to 40 high) =

Highlight key areas of concern (any score of 3 or below):

Can these concern areas be addressed (Indicate why they can or can't be addressed and if they can be addressed how):

Highlight key areas of strength (any score of 4 or 5 and components of 3):

Is a restorative justice process indicated? Yes__ No__

If yes which process:

Is a Restorative Justice Meeting indicated? Yes__ No__

Is a therapeutic meeting indicated? Yes__ No__

Is an alternative method indicated? Yes__ No__

If an alternative method is indicated state which approach?

Recommendations and next steps:

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Practitioner

Service

Date

Child/Young person who has harmed:

Name of Child/Young Person: _____ Practitioner Completing: _____ Date: _____

Responses to harmful sexual behaviour

Is the child/young person who has harmed engaged in work to address their hsb including the completion of an appropriate assessment and a programme of therapeutic intervention?

1 Not at present.	2 Likely in the near future.	3 Has begun in work to address their hsb but limited understanding of their hsb and ongoing risk.	4 Has engaged well in work and shown awareness of any ongoing risks.	5 Has fully completed a therapeutic intervention programme and shown commitment to be part of a RJ Process..
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What level of responsibility does the child/young person who has harmed sexually take?

1 Totally denies behaviour.	2 Minimises and/or rationalises behaviour.	3 Minimal acknowledgement and sees other child as equally responsible.	4 Some minimisation but limited and generally accepts responsibility for hsb.	5 Takes full responsibility for the hsb.
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Does the young person's account of the hsb match that of the person who has been harmed?

1 Not at all.	2 Some elements of agreement.	3 Some similarities but also significant differences.	4 Significant similarities.	5 Completely.
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There is a safety plan in place which the child understands and conforms to.

1 There is no safety plan in place.	2 There is a safety plan in place but neither the child harmed nor their parents/carers understand and/or adhere to the plan nor see the need for it.	3 The child and their parents/carers are fully aware of the plan and need for it but struggle with implementing it.	4 The child harmed and their parents/carers partly adhere to the plan, although there is some evidence of occasional lapses.	5 The child harmed and their parents/carers fully adhere to the safety plan.
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Does the nature of the relationship and contact of the person who has harmed with the person harmed indicate the usefulness of a restorative process?

1	2 There is limited contact.	3	4	5
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<p>There is no ongoing contact or relationship.</p>		<p>There is some contact with the possibility of further contact in the future.</p>	<p>The children live together and have an appropriate safety plan in place which is supported by caregivers.</p>	<p>The children live together and have demonstrated that they can comply with the safety plan without significant carer input. The young person who has harmed is respectful of the needs and wishes of the child who has been harmed. fully assert their needs.</p>
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Is there any evidence of the young person who engaged in hsb continuing to hold beliefs and attitudes that continue to justify the behaviour and/or indicate “victim blaming”.

<p>1 Strong evidence of distorted thinking and/or victim blaming.</p>	<p>2 Inconsistent recognition of distorted thinking and/or “victim blaming”.</p>	<p>3 With some challenging recognises some distorted thinking and “victim blaming” attitudes.</p>	<p>4 Has substantially addressed distorting thinking and beliefs and “victim blaming” but still some ongoing issues.</p>	<p>5 Recognises distorted thinking and victim blaming and contribution to hsb.</p>
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Young person who has harmed sexually has demonstrated they are fully aware of the consequences of their hsb?

1	2	3	4	5
Not aware of any consequences.	Has begun to address consequences for others and their link to their hsb with some difficulties.	Has shown some awareness of the consequences of their hsb for themselves and others.	Has shown significant awareness of consequences of hsb for self and others.	Fully understands and accepts consequences for hsb.

Is the child/young person who has harmed able to recognise the impact of their harmful sexual behaviour on the person they have harmed?

1	2	3	4	5
Not able to address impact and significantly denies any impacts.	Has begun to address impacts with some difficulties.	Has accepted limited impacts and beginning to show greater willingness to address.	Has substantially addressed impacts but still some ongoing issues.	Has fully accepted and actively addressed the impacts of the behaviour.

Support

Preparation and support to engage in process for child/young person who has harmed?

1 No preparation or support to engage in process.	2 Limited preparation and support to engage in process.	3 Some preparation and support to engage in process but may benefit from additional preparation and/or support.	4 Has had good preparation and support with ongoing support in place to undertake process.	5 Excellent preparation undertaken with continued support to participate in process.
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Has a support person/therapist been identified to support the child/young person who has harmed through the RJ process?

1 No	2 To be identified shortly	3 Yes but has only worked with the child/yp for a short term	4 Has a good working relationship with the child/yp but developing.	5 Excellent relationship with support person who will be supporting them to participate in process.
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Are key family members aware of the impacts of the harmful sexual behaviour on the child harmed as well as the child who has harmed and able to offer support?

1 Key family members fully deny the harmful sexual behaviour and	2 Whilst they admit the possibility of the behaviour they remain	3 Give inconsistent responses due to role	4 Are largely supportive but need support themselves.	5 Highly supportive and accepting of hsb and its' impacts and able to
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its' impacts, including parents/carers, and maybe blaming of the child harmed.	ambivalent to its impacts, and place blame on the child harmed.	conflict or other reasons.		support the child/yp who has harmed in the RJ process..
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Appropriateness and Willingness to Participate in Restorative Processes

What is the child's/young person's understanding of the restorative process?

1 No understanding.	2 Limited understanding and/or confused about process.	3 Satisfactory understanding of process.	4 Good understanding of process.	5 Full and accurate understanding of process.
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Motivation to be involved in the process?

1 Not at all motivated.	2 Limited motivation.	3 Reasonably motivated with minor reservations.	4 Largely motivated.	5 Very motivated.
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Realistic expectations of process and which process is best suited to them?

1 Totally unrealistic.	2 Mainly unrealistic.	3 Mostly realistic.	4 Largely realistic.	5 Totally realistic.
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Child/young person can identify benefits to engaging in the process for themselves and others, especially for the person who has been harmed?

1 Not at all.	2 Limited with a focus on others wishes and needs.	3 Limited benefit but with regard to wider potential.	4 Sees possible benefits for self and others.	5 Able to clearly state potential benefits for self and others.
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Does the child/young person have any issues that might limit or prevent their effective participation in the process?

Issues to consider:

- Pattern of low scores above.
- Ongoing criminal justice process
- Ongoing hsb or violence
- Significant power differentials which may make undertaking the process unsafe for the person harmed e.g. status, ability, gender etc.
- Drug/alcohol misuse
- Family difficulties
- Victim blaming attitudes and/or significant cognitive distortions that justify hsb.
- Lack of support

- Mental health problems
- Physical illness
- Significant learning difficulties
- Communication or language problems
- Developmental issues and/or other vulnerabilities

1	2	3	4	5
Yes significant issues that are likely to prevent participation.	Some significant issues that may prevent participation but needs to be assessed.	Some but with support should be able to participate or consideration given to alternative methods.	Some minor issues that can be addressed with appropriate support.	No known issues that would prevent participation.

Summary and Recommendations:

What is the nature of the child/young person's who has harmed relationship with the person who has harmed?

What is the current contact arrangements?

Is there a suitable safety plan in place that is being adhered to?

Are there any potential concerns with regards to the aftermath of this process for the person harmed?

Are there any sensitivities for the person who has harmed in regards to who attends the restorative meeting?

Were there others involved in the hsb and if so what bearing may this have on the Restorative Justice process?

What support have they received to address their hsb and participation in the restorative justice process?

Total the scores from the assessment above:

4. Responses to harmful sexual behaviour (8 low to 40 high) =

5. Support (3 low to 15 high) =

6. Appropriateness and Willingness to Participate in Restorative Processes (5 low to 25 high) =

Highlight key areas of concern (any score of 3 or below):

Can these concern areas be addressed (Indicate why they can or can't be addressed and if they can be addressed how):

Highlight key areas of strength (any score of 4 or 5 and components of 3):

Is a restorative justice process indicated? Yes__ No__

If yes which process:

Is a Restorative Justice Meeting indicated? Yes__ No__

Is a therapeutic meeting indicated? Yes__ No__

Is an alternative method indicated? Yes__ No__

If an alternative method is indicated state which approach?

Recommendations and next steps:

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Practitioner

Service/Agency

Date

Parents/Carers of child/young person who has harmed sexually: _____

Practitioner Completing: _____

Date: _____

Responses to harmful sexual behaviour

Do they consider the child/young person who has harmed sexually to be responsible for their behaviour?

1 Not at all.	2 Minimises and/or rationalises behaviour.	3 Minimal acknowledgement and sees other child as equally responsible.	4 Some minimisation but limited and generally sees the child who has harmed as responsible.	5 Fully accepts disclosures and considers person who has harmed to be fully responsible for the hsb.
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Have the parents/carers displayed appropriate responses to the child who has been harmed as well as demonstrate an ability to discuss the harmful sexual behaviour without minimising or excusing it.

1 Not at all.	2 Concerned but not able to act supportively.	3 Some level of uncertainty and need for own support and willing to engage with this.	4 Moving towards full acceptance, awareness of impact, and support of person harmed.	5 Completely and able to engage with processes of support for the person harmed in an appropriate manner and consider their needs.
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There is a safety plan in place which the parent/carer understands and ensures the child/young person conforms to.

1 There is no safety plan in place.	2 There is a safety plan in place but neither the child harmed nor their parents/carers understand and/or adhere to the plan nor see the need for it.	3 The child and their parents/carers are fully aware of the plan and need for it but struggle with implementing it.	4 The child who has harmed and their parents/carers partly adhere to the plan, although there is some evidence of occasional lapses.	5 The child who has harmed and their parents/carers fully adhere to the safety plan.
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The parent/carer is able to identify behavioural signs which would indicate the young person is returning to a pattern of harmful sexual behaviour, and what actions they'd take to protect the victim.

1 Not at all.	2 Minimal with significant support.	3 Partly.	4 Good level of understanding.	5 Fully.
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Support

Have the parents/carers engaged in work to address their child's hsb including the completion of an appropriate assessment and a programme of therapeutic intervention?

1 Not at present.	2 Likely in the near future.	3 Has begun in work to address their hsb but limited understanding of their hsb and ongoing risk.	4 Has engaged well in work and shown awareness of any ongoing risks.	5 Has fully completed a therapeutic intervention programme and shown commitment to be part of a RJ Process..
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Are the parents/carers willing to work in partnership with the professional network?

1 No.	2 Superficially.	3 Partial Co-operation.	4 Good level of co-operation with all agencies.	5 Full co-operation and engagement.
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Are the parents/carers able to meet the support needs of their child/young person.

1 Unable and unwilling to.	2 Partly and may do with support.	3 Offers limited support.	4 Offers a good level of support.	5 Provides appropriate support..
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Has a support person/therapist been identified to support the parents/carers through the RJ process?

1 No	2 To be identified shortly	3 Yes but has only worked with the child/yp for a short term	4 Has a good working relationship with the child/yp but developing.	5 Excellent relationship with support person who will be supporting them to participate in process.
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Do the parents/carers have a support network within the extended family and/or the wider community who are aware of the hsb and can offer appropriate support?

1 Not at all.	2 Minimally and cannot be relied on.	3 Some support but inconsistent, but could improve with input.	4 Are largely supportive.	5 Highly supportive and accepting of hsb and its' impacts and able to support the parents/carers.
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Appropriateness and Willingness to Participate in Restorative Processes

What is the parents/carers understanding of the restorative process?

1 No understanding.	2 Limited understanding and/or confused about process.	3 Satisfactory understanding of process.	4 Good understanding of process.	5 Full and accurate understanding of process.
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Motivation to be involved in the process?

1 Not at all motivated.	2 Limited motivation.	3 Reasonably motivated with minor reservations.	4 Largely motivated.	5 Very motivated.
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Realistic expectations of process and which process is best suited to them?

1 Totally unrealistic.	2 Mainly unrealistic.	3 Mostly realistic.	4 Largely realistic.	5 Totally realistic.
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Parent/carer can identify benefits to engaging in the process for themselves and others, especially for the person who has been harmed?

1 Not at all.	2 Limited with a focus on others wishes and needs.	3 Limited benefit but with regard to wider potential.	4 Sees possible benefits for self and others.	5 Able to clearly state potential benefits for self and others.
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Do the parents/carers have any issues that might limit or prevent their effective participation in the process?

Issues to consider:

- Pattern of low scores above.
- Ongoing criminal justice process

- Ongoing hsb or violence
- Significant power differentials which may make undertaking the process unsafe for the person harmed e.g. status, ability, gender etc.
- Drug/alcohol misuse
- Family difficulties
- Victim blaming attitudes and/or significant cognitive distortions that justify hsb.
- Lack of support
- Mental health problems
- Physical illness
- Significant learning difficulties
- Communication or language problems
- Developmental issues and/or other vulnerabilities

1	2	3	4	5
Yes significant issues that are likely to prevent participation.	Some significant issues that may prevent participation but needs to be assessed.	Some but with support should be able to participate or consideration given to alternative methods.	Some minor issues that can be addressed with appropriate support.	No known issues that would prevent participation.

Summary and Recommendations:

What is the nature of the parent/carer's relationship with the person who has been harmed?

What is the current contact arrangements?

Is there a suitable safety plan in place that is being adhered to?

Are there any potential concerns with regards to the aftermath of this process for the person harmed or other family members?

Are there any sensitivities for the parents/carers in regards to who attends the restorative meeting?

What support have they received to address their hsb and participation in the restorative justice process?

Total the scores from the assessment above:

7. Responses to harmful sexual behaviour (4 low to 20 high) =

8. Support (5 low to 25 high) =

9. Appropriateness and Willingness to Participate in Restorative Processes (5 low to 25 high) =

Highlight key areas of concern (any score of 3 or below):

Can these concern areas be addressed (Indicate why they can or can't be addressed and if they can be addressed how):

Highlight key areas of strength (any score of 4 or 5 and components of 3):

Is a restorative justice process indicated? Yes__ No__

If yes which process:

Is a Restorative Justice Meeting indicated? Yes__ No__

Is a therapeutic meeting indicated? Yes__ No__

Is an alternative method indicated? Yes__ No__

If an alternative method is indicated state which approach?

Recommendations and next steps:

Practitioner

Service/Agency

Date

Non-Victimised Sibling of child/young person who has harmed sexually: _____

Relationship to victim of abuse: _____

Practitioner Completing: _____

Date: _____

COMPLETE A SEPARATE FORM FOR EACH SIBLING IF APPROPRIATE.

IT MAYBE WORTH CONSIDERING COMPLETING FOR SIGNIFICANT OTHERS WITHIN THE HOUSEHOLD E.G. FOSTER CHILDREN

Non-Victimised Sibling:

Has knowledge of and understands the nature of harmful sexual behaviour in age appropriate manner.

1 Not at all.	2 Has a vague awareness.	3 Is aware of the hsb but does not know the details.	4 Is fully aware of the details of the hsb.	5 Is fully aware of the hsb and has shown an age appropriate understanding.
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Able to talk about the harmful behaviour & impact to an appropriate adult.

1 Not at all.	2 In only a limited and superficial way with no understanding of impact.	3 Limited with some limited awareness of impact.	4 An appropriate adult has explained the hsb to them in an appropriate manner with them showing some understanding and awareness of impact.	5 Feels confident in talking with an appropriate adult about the hsb and has full understanding of details and impact.
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Do they consider the child/young person who has harmed sexually to be responsible for their behaviour?

1 Not at all.	2 Minimises and/or rationalises behaviour. Also blames "victim of hsb."	3 Minimal acknowledgement and sees other child as equally responsible.	4 Some minimisation but limited and generally sees the child who has harmed as responsible.	5 Fully accepts disclosures and considers person who has harmed to be fully responsible for the hsb.
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Has participated in an initial clarification/apology session with the young person who has harmed and parents/carers if assessed appropriate, and/or joint session to consider safety plan.

1 Not at all.	2 Participated in initial preparatory session.	3 Participated in safety plan session and shown limited understanding.	4 Shown good understanding of safety plan and need for it.	5 Shown good understanding of safety plan and need for it. Also participated in clarification/apology session.
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Has an understanding of safety plan and identified safe adult to talk to.

1 Not at all.	2 Aware of safety plan but shows no understanding of need for plan.	3 Participated in safety plan session and shown a reasonable level of understanding.	4 Shown good understanding of safety plan and need for it.	5 Fully aware of and compliant with the safety plan.
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Has support systems in place and identified safe adult.

1 Not at all.	2 Minimal support with a lack of awareness of a safe adult.	3 Able to describe a safe adult in and within and outside the family but unclear whether child	4 Can clearly identify safe adults within and outside the family with limited	5 Can clearly identify safe adults within and outside the family and demonstrates ability to
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		would make use of this person.	examples of them confiding in them.	make use of them appropriately.
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Undertaken keep safe/abuse prevention work as appropriate.

1 Not at all.	2 Either child and/or parent think unnecessary.	3 Limited work undertaken but still a number of areas to address.	4 Adequate work undertaken by child with some support from parent/carer.	5 Work taken out with child with full support of parent/carer with clear evidence of this being effective.
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Summary and Recommendations:

<p>What is the current contact/living arrangements?</p> <p>Are there plans to change this?</p> <p>If so what is the non-victimised siblings view of this?</p>

Is there a suitable safety plan in place that is being adhered to? Does it need to be amended in any way?

Are there any potential concerns/risks with regards to the aftermath of this process for the non-victimised child?

Should the non-victimised sibling be involved in the restorative meeting? Alternative meeting?

What support have they received to address the hsb and participation in the restorative justice process if indicated appropriate?

Total the scores from the assessment above:

Highlight key areas of concern (any score of 3 or below):

Can these concern areas be addressed (Indicate why they can or can't be addressed and if they can be addressed how):

Highlight key areas of strength (any score of 4 or 5 and components of 3):

Is a restorative justice process indicated? Yes__ No __

If yes which process:

Is a Restorative Justice Meeting indicated? Yes __ No__

Is a therapeutic meeting indicated? Yes__ No__

Is an alternative method indicated? Yes__ No__

If an alternative method is indicated state which approach?

Recommendations and next steps:

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Practitioner

Service/Agency

Date

Family, Professional and Support network:

We recommend that the following factors are considered when considering the broader system as indicated below.

- ✓ This may include extended family members as well as close family friends and the professional (eg. social care, education, CAMHS), and support network (eg. youth club, church).
- ✓ The amount of information given and level of understanding must be appropriate to their role and level of contact with the young person who has harmed and child harmed, as well as other siblings and significant others.
- ✓ Has an understanding of the harmful sexual behaviour and its impact.
- ✓ Has an understanding of the safety plan and their role within this.
- ✓ Can be supportive to each of the parties as appropriate.
- ✓ Commits to working together to address concerns and developing strengths as appropriate.
- ✓ Communicates to key parties as appropriate.
- ✓ Commitment to participate in multi agency reviews.

COMMENTS

Strengths in the broader system:

Concerns regarding the broader system:

Action points:

Overall summary and recommendations in relation to the different parties:

Child who has been harmed:

Young person who has harmed:

Parent/Carer of child harmed:

Non-Victimised Sibling/Significant Other:

Non-Victimised Sibling/Significant Other:

Non-Victimised Sibling/Significant Other:

Support Network:

Practitioner

Service/Agency

Date