

Newcastle Safeguarding Children Partnership Procedures for Children displaying Harmful Sexual Behaviour



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1.0 Introduction – Including definitions

1.1 This guidance exists to provide and maintain clear, consistent procedures and working practices for professionals to respond to alleged or confirmed incidents of Harmful Sexual Behaviour (HSB) by children.

For the purpose of this document Harmful Sexual Behaviours (HSB), which includes a range of behaviours; as outlined on the Hackett Sexual continuum (see Appendix 1), in a variety of situations are defined as;

- * Sexual behaviours expressed by children under the age of 18 years old that do not involve mutual consent,
- * are developmentally inappropriate,
- * may be harmful towards self or others, or
- * be abusive towards another child or adult.

1.2 Consent - What is it?

The legal age of sexual consent in the United Kingdom is 16 years old. This is the same for males and females who want to have sex with the same or opposite sex. Consent cannot be assumed and occurs when the people involved agree by choice, and have the freedom and capacity to make that choice. Freedom means the person is not pressured or manipulated into saying yes, and capacity means they fully understand and are able to make a clear decision understanding the consequences of that decision and have the ability to say no or change their mind. Being pressured or made to feel bad or unsafe means that consent has not been given as the person has not had a genuine choice. Similarly, if someone is really drunk or under the influence of drugs they cannot give consent as they do not have capacity. Anyone involved in sexual activity must consent to it; sexual activity includes touching, oral sex and intercourse as well as non-contact technology assisted activity.

1.3 The law is there to protect children from abuse or exploitation, rather than to prosecute under-16s who participate in mutually consenting sexual activity however, underage sexual activity should always be seen as a possible indicator of child sexual exploitation or abuse.

1.4 The law says anyone under the age of 13 can never legally give consent. (Sexual Offences Act 2003). Any sexual activity with a child under 13 must always result in a child protection referral.

1.5 Principles

Four key principles should guide work with children displaying HSB:

- * There should be a coordinated multi-agency response including Youth Justice, Children's Social Care, Education (including educational psychology), health (including CYPS) the voluntary sector, and the Police. An assessment should be considered in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.
- * The primary objectives of intervention must remain at all times the protection of victims, potential victims and the avoidance of any repetition of inappropriate or harmful behaviour.

Early intervention in cases of HSB can enable the child to adopt a healthy development pathway and proceed to make healthy relationships.

- * Children who sexually harm other children should be held responsible and accountable for their behaviour whilst also being considered to be children in need of services.
- * The needs of children who sexually harm should be considered separately from the needs of their victims.

2.0 Identification

2.1 It is important for professionals to distinguish normal from abnormal sexual behaviours. The use of Hackett's Sexual Continuum (Appendix 1) in the first instance provides a means of identifying and determining where the behaviour sits on a continuum of behaviours from normal to inappropriate, problematic, abusive and/or violent.

2.2 The wide range of harmful sexual behaviours shown by children means their needs should be met in a variety of placement contexts and responses. Children who display HSB are often socially and emotionally immature and should not therefore be treated in the same way as adults. Children are still developing sexual feelings and understanding and some may have additional needs (e.g. learning difficulties or ASD). Not all sexual contact between children can be described as sexually harmful and it is natural for children to explore their bodies as part of natural sexual development. Therefore any response to children's HSB should reflect the level of concern and need they present, and should be at the least intrusive level required to effectively address the behaviours presented. Professional judgement should be used to determine the level of response required.

2.3 Many factors influence sexual behaviour, including:

- * Lack of sex and relationships information
- * Lack of privacy
- * Confusion, curiosity, loneliness, anxiety or depression
- * Family/carer conflict or information and support needs
- * Absence or lack of rules, appropriate consequences or boundaries at home
- * Neglect, Emotional, physical or sexual abuse
- * Sexual exploitation and/or trafficking
- * Communication difficulties
- * Copying the behaviour of others including copying behaviours seen online or in the media

Identifying any of these factors can assist professionals to determine whether or not the sexual behaviour can be described as abnormal, abusive or harmful.

2.4 Additional questions that should be considered include;

- * Is the behaviour consensual for all children involved?
- * Is the behaviour reflective of natural curiosity or experimentation?
- * Does the behaviour involve children of a similar age or developmental ability?
- * Is the behaviour developmentally age appropriate?
- * Is the behaviour unusual for that particular child or ?
- * Is the behaviour excessive, coercive, degrading or threatening?
- * Is the behaviour occurring in a public or private space?
- * Are other children showing signs of alarm or distress as a result of the behaviour?
- * Is there an identified pattern of HSB?
- * Is there a history of not addressing previous identified HSB concerns?

3.0 Response and Referral Pathways

3.1 If concerns around HSB are identified by a professional or a disclosure of potential HSB is made to a professional then in the first instance Hackett's Sexual Continuum should be used to identify where the behaviour lies within a range from Normal to Inappropriate, Problematic, Abusive or Violent. In the case of Technology Assisted HSB, any images which are deemed Category A-C involving children, as per the Technology Assisted AIM Guidance (2016) require an immediate request for a strategy meeting to determine next steps. *See Appendix 2 for glossary of definitions.*

Normal/Inappropriate behaviour

Normally these behaviours can be responded to through direct interaction with the child and the giving of information, advice and explanation of boundaries with guidance including issues of privacy and consent. Early Help Services are available to provide advice and guidance through Children and Families Newcastle Connect (CFN Connect) on 0191 2772500

Problematic Behaviour

There may be instances in which if there is an absence of direct/indirect victims, problematic behaviours also result in a single agency response through targeted intervention, advice or guidance. If the agency or individual who become aware of the issue is unsure as to how to respond or the correct category of the behaviour CFN Connect should be contacted on 0191 2772500. The CFN Connect service will be able to offer advice and can then signpost to other professionals and/or agencies including the Youth Justice Service and those in the voluntary sector to provide information and resources to use to work with the displaying the HSB and those impacted by the behaviour. Further advice can be found at [Early help for your family | Newcastle City Council](#)

Abusive/Violent Behaviour

If behaviour is found to fall within the Abusive or Violent categories and there is concern that a child, or an adult might have been harmed by the behaviour of the child or then the behaviour should be reported to the Police if it has not already been done so. Allegations of peer abuse should be taken as seriously as allegations of abuse perpetrated by an adult. In cases of peer on abuse both children will need to be considered and allocated separate Social Workers.

3.2 Behaviour falling into these last two categories must also result in a referral to CFN Connect for each child. If the child is already open to CSC, the allocated worker and line manager will be notified.

3.3 On receipt of a referral, consideration of convening a strategy meeting to consider the needs of each child should take place and then held within 24 hours or as soon as possible after this if this target cannot be achieved. The Youth Justice Service (YJS), Police, Health and all agencies involved with the child will attend the strategy meeting.

3.4 The overall purpose of a strategy meeting is to assess the immediate safeguarding risks surrounding the HSB, to share information and ensure a coordinated interagency response to dealing with the child, the identified HSB and any victims of the behaviour that require immediate safety planning. It should include the following:

As far as is reasonably possible, that the facts are established and a judgement made (using the balance of probability) as to whether the alleged event occurred. This will be achieved by ensuring interagency cooperation with:

- * A criminal investigation or where a Police investigation does not proceed;
- * Whether an Assessment under s47 of the Children's Act 1989 (Section 47 enquiries) should be initiated or continued if already begun;
- * The risk posed by the alleged perpetrator is assessed in relation to: The victim/s; any siblings, extended family members or other children;

- * The risk is assessed towards the alleged perpetrator in respect of: Being a victim of abuse themselves, being a suspect;
- * The protection and welfare needs are evaluated in respect of: The victim, alleged perpetrator;
- * The development of an initial safety plan considering risk and vulnerabilities including the child's home and family situation and school, education or employment setting and their siblings.

3.5. Following this, a Multi-disciplinary Meeting (MDM) should be convened by the YJ Lead Team Manager. The MDM focuses on planning the assessment and intervention, to focus on the child concerned with the HSB, so that the AIM checklist can be completed and appropriate assessment plan with specific actions can be agreed. The specific areas that this meeting should cover include;

- * The risk posed by the alleged perpetrator is assessed in relation to: The victim/s; any siblings, extended family members or other children;
- * The risk is assessed towards the alleged perpetrator in respect of: Being a victim of abuse themselves, being a suspect;
- * The protection and welfare needs are evaluated in respect of: The victim, alleged perpetrator;
- * The effective management of the case including any potential media interest;
- * Determine what information from the meeting will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence(s)
- * The development of the immediate safety plan set in the strategy meeting to consider wider risk and vulnerabilities, including the child's home and family situation and school, education or employment setting.
- * Determine whether and when a follow up meeting will be held pending any further enquiries identified by the meeting.
- * Mapping the risk, including any known friends, associates and locations frequented by the where a risk either to or from the is identified
- * Confirm the appropriate pathway/ referral route for the assessment of the child

3.6 The MDM meeting process must continue until such time that all actions and recommendations are completed and until it is assessed that the risk, along with the welfare needs of the victim and perpetrator of the abusive behaviour, can be managed without requiring further meetings. If a child is already open then this should be reviewed by the relevant service area, otherwise review strategies / MDM's should be held for all cases involving HSB and YJ should be consulted in all of those where police involvement is going.

3.7 Consideration should be given to the need for separate Social Workers to be allocated to the victim and to the child who has displayed the harmful sexual behaviour, even if they live in the same household, to ensure that both are supported through the process of the enquiry and that, in relation to both children, their needs are fully assessed.

3.8 The decision on how to proceed is made after an initial Strategy Discussion and MDM and can take a number of routes;

A. Into a Criminal Justice route (lead is YJS - TM lead Contact Jade Gooch);

B. Into a Child Protection route (lead is CSC – TM lead Contact Jayne Noke, IRO Lead Contact Jane Scott.)

C. Sometimes both pathways will be running in conjunction with each other.

**Dependent on appropriate pathway, TM will have supervisory oversight of assessment & report.

4.0 Criminal Justice Route

4.1 Pre-Court

4.1.1 This procedure applies to children over the age of criminal responsibility (10 years) where the Police have decided to pursue a criminal investigation or prosecute because the offence is so serious, there is a history/ pattern of similar behaviour or there are previous convictions.

4.1.2 During an ongoing investigation, where the is either subject to Bail conditions awaiting a Court date or has been released under investigation and where they are not currently involved with the YJS, the YJS will offer voluntary support, specifically on the provision of support to the child/ and family in relation to the Criminal Justice System. This will be discussed at the Strategy meeting.

4.1.3 In instances where there is an admission by the that the HSB has occurred and the Police want to provide Crime Prosecution Services (CPS) with additional information to assist them in making a decision to prosecute, refer to the Youth Out of Court Panel or NFA a case, the following procedure applies:

- * This scenario would only occur where a admits to committing the sexual offence. The Police will then explain to the , the parent carer and the legal representative/solicitor that an AIM3 assessment request is being made to the YJS. The reasons for this request will be explained by the Police and consent from the child/ will be obtained. The will then be placed on bail or released under investigation and the YJS will have a minimum of 6 weeks to complete the AIM3 assessment.
- * The Police contact Children's Social Care and Youth Justice Service to request an AIM3 assessment.
- * Co-workers are allocated from Youth Justice Service and/or Children's Social Care.
- * Youth Justice Service takes the role of lead agency and information is collected from professionals and relevant agencies; interviews are carried out with the , their family and significant other persons.
- * An AIM meeting will be held, chaired by an IRO to discuss what outcomes we want to achieve and agree a way of how to do this with the child & family present. The Police Officer in Charge (OIC) must be present in order to ensure that any outcome is agreed by all agencies prior to sharing with CPS
- * The AIM report is sent to the CPS who will use all available evidence and information including the AIM3 to make a decision regarding an appropriate disposal. The Police at this point may still make a decision to charge. AIM3 assessments which are completed will be submitted for advance disclosure.

4.1.4 If it is decided that an Out of Court disposal can be considered the case will be referred by the Police to the Youth Out of Court Panel where the case will be considered at the YJ Morning Screening Meetings. Managers chairing these meetings will confirm that a strategy has taken place as per 3.4. If one has not been convened, then this referral will be paused to allow one to take place in order to determine appropriate assessment pathways. Following an assessment by a Youth Justice Officer including a summary of the assessed risk using the Divert from Charge report template and the most appropriate disposal decided upon. If there has not been an AIM3 Assessment completed at this point consideration will also be given to the completion of an AIM3 Assessment to inform a management plan with targeted HSB intervention to be completed within identified timescales. In the case of

closure, AIM cases should have the risk section of the Prevention & Diversion tool attached to the system with the exit plan.

4.2 Criminal Justice Route Proceeding Straight to Prosecution

4.2.1 This procedure applies to children over the age of criminal responsibility (10 years) where the Police have made a decision to prosecute immediately because the offence is so serious or there are previous convictions. The following procedure applies:

- * If following a decision to charge, the appears at Court and enters a Not Guilty plea, the legal process continues and no AIM3 assessment is done at this point. Children who deny the behaviour and entered a Not Guilty plea but are later found Guilty at trial, or enter a guilty plea on the day of trial will be subsequently assessed with the AIM assessment used to inform the Pre-Sentence Report.
- * If a enters a guilty plea or is found guilty the Court will request a Pre-Sentence Report and should be asked to give sufficient time (6 weeks) to complete an AIM3 assessment to inform the Pre-Sentence Report where the Youth Justice Service will make a proposal to the Court for an appropriate disposal.
- * Co-workers are allocated from Youth Justice Service and Children's Social Care to undertake the AIM3 assessment. YJS will be the lead agency.

4.2.2 In all such cases it is important that an AIM3 initial assessment is carried out. The and their parent/carers will be asked by the assessors to participate in this process. If consent is not given, but concern remains, an assessment can still be undertaken drawing on existing information.

4.2.3 The report will include an analysis of the offence, the circumstances of the child/ their family and an assessment of the risk of causing serious harm, re-offending and their safety and wellbeing. The YJS will consult with CSC during this process.

4.3 Post Court

4.3.1 If the receives a community disposal, the intervention plan will be informed by the AIM3 assessment and will include work from the Change for Good model which is based on the Good Lives programme/model.

4.3.2 If the receives a custodial sentence the YJS will work alongside the secure estate to ensure they have access to the most appropriate programmes available. Depending on the length of sentence and establishment placed it may not be possible for targeted HSB intervention with the to take place whilst in custody. The YJS will ensure that any licence or Notice of Supervision conditions imposed upon release include the need to participate in targeted HSB intervention.

4.3.3 At the midway point of the custodial element (or sooner if it is a short sentence) the YJS will convene a multi-agency resettlement meeting to ensure that a robust resettlement plan is in place for the child/s release back into the community focussing on accommodation; education; training and employment; health; substance misuse and family. In addition, if the assessed Risk of Serious Harm or re-offending is considered high or very high there will be an additional Multi-Agency Risk Meeting convened by the YJS prior to release to discuss concerns and agree a management plan. The plan will address how to manage the potential risks posed by the and any safety and wellbeing concerns including protecting them from possible negative responses and repercussions to their offending from the local community.

4.3.4 Depending on the nature of the offence and length of sentence imposed children convicted of HSB offences may also be subject to Multi Agency Public Protection Arrangements (MAPPA). The Youth Justice Service must ensure that all MAPPA category cases are notified to the MAPPA Unit within 3 days of sentence and that all level 1 notifications and Level 2 and 3 referrals are submitted 6 months prior to the earliest release date. If the is given a community sentence, then this should be as soon as possible following sentence, in which case a MAPPA H (initial notification) is not required.

4.3.5 Where it is concluded it is either not in the public interest to do so or there is insufficient evidence to charge then there remains the need to address the identified HSB though targeted HSB intervention. Consideration should then be given to an assessment of need and an AIM3 assessment via the child protection/child in need route.

5.0 Child Protection Route

5.1 A strategy and MDM should be convened as per above, however the lead agency will be Children's Social Care who may consult with YJ for consideration of voluntary direct intervention work to address the identified HSB. The following information will be required on the referral before it is accepted by the YJS. HSB Lead IRO to be invited to the strategy / MDM meeting to be part of decision making around AIM3 and how this will be progressed.

- * Basic information and contact details including phone numbers
- * Confirmation of written consent from the and family for the referral
- * Full details of all incidents of alleged Harmful Sexual Behaviour
- * Indication of where the behaviour sits on Hackett's Sexual Continuum
- * Concerns around Risk to others including to professionals
- * Safety and Wellbeing concerns
- * Education, Training or Employment details

Written consent from the and parents/ carers should be obtained by Children's Social Care before YJ can become involved (Appendix 3). As consent can serve as a barrier, in all cases a mapping formulation meeting should be convened to better understand the behaviour and help formulate a plan which YJS will attend. This meeting will be chaired by IRO to provide oversight and guidance to this process.

5.2 In cases where there is a written request received by the YJS for voluntary HSB intervention the referral will be considered by the lead Team Manager and allocated to a Youth Justice Practitioner who will then make contact with the and family.

5.3 The allocated practitioner will support completion of the Harmful Sexual Behaviour Screening Tool that will include a decision, in conjunction with a line manager on whether there is a need for a more comprehensive specialist AIM3 Assessment to be completed to aid the planning and delivery of intervention work.

5.4 To provide a consistent oversight, once the AIM 3 assessment is progressed a review will be chaired by the IRO to consider outcomes, safety considerations and planned intervention. Where a S47 is required, this will run alongside the AIM3 process. Should this lead to the recommendation for an ICPC to be convened then the lead IRO will be allocated to provide consistent oversight.

6.0 AIM3 Assessment for Children aged 12-17 years

6.1 Following a decision to complete an AIM3 Assessment, the assessment will be carried out by two practitioners of whom at least one will be trained in the use of the AIM3 model to undertake assessments. This will consist of one YJS and one CSC practitioner. The AIM3 Assessment must be completed using the detailed AIM3 guidance.

6.2 The purpose of the AIM3 is to offer a dynamic assessment framework to assist practitioners in the task of assessing HSB within the context of multiple domains of the 's life and identifying the needs it is meeting both sexual and non-sexual. The concerns, risks and strengths of the are considered across 5 key domains; Sexual and Non-sexual behaviours, developmental, Environmental/family and Self-regulation both static and dynamic factors. Within each domain there are 5 factors to consider. The factors are scored numerically and the accumulation of the 5 scores gives an overall score for the relevant domain. These are then plotted on a profile graph which gives a visual representation of the areas of concern and potential strength. The colour coding of the graph with red identifying areas of immediate intervention, amber requiring attention in interventions and green as areas of strength which can be built upon, are to assist in developing bespoke safety plans and targeted interventions. The AIM3 assessment will include information on;

- * The context of the abusive behaviours, including the nature of the relationship between the children, difference in age between the victim and alleged abuser, absence of consent, exploitation and whether the alleged abuser had authority or responsibility for the victim, secrecy, coercion, bribery or violence;
- * The child's development and family and social circumstances;
- * The need for services, specifically focusing on the child's harmful behaviour as well as other significant needs;
- * The risk to self and others, including other children in the household, extended family, school, peer group or wider social network;
- * Identify level of supervision required to prevent repeat harmful behaviour;
- * In child protection terms identify risk to either the child/ or their actual/potential victim(s);
- * Consider the capacity of the parents / carers or significant others to manage and support the child/
- * To assess the child/'s motivation and capacity to engage in service and plans;

6.3 Information gathered throughout the assessment process will be compiled into a report format. The assessors will read through the report with the and their parents/carers in a supportive setting and any areas of disagreement will be noted and attached to the report. The family are entitled to retain a copy of the report.

6.4 The framework is designed to be used not only at initial referral stage but at intervals thereafter as part of a supervisory process to assist with reviewing progress being made as a result of interventions being provided. The review of the AIM3 scoring is a fundamental aspect of this model to ensure the areas of concern are current, interventions are targeted and the is not subject to a static assessment of level of risk posed which fails to recognise their development, learning and ability to change.

6.5 The AIM3 assessment model is intended to provide guidance on immediate risk management as well as medium and longer term interventions. Following an initial referral a target of 6 weeks to complete the assessment is good practice. Where this is not possible it should be completed within agreed YJS and/or CSC agreed timescales.

6.6 The AIM3 is designed to be used with those children aged 12-18 years who have committed, or there is strong professional belief or evidence that they have committed harmful sexual behaviour. The assessment tool is suitable for use with young men and with caution young women. Further guidance and practice considerations should be considered and sought from the AIM3 Assessment model guidance handbook held by the YJS.

6.7 Children aged under 12 years where there are concerns must be referred into CFN Connect given the AIM3 assessment is designed for children aged 12-17. Advice and guidance may be offered from those individuals who have completed the specialist training course for under 12's.

7.0 Transition to adulthood

7.1 Adult Social Care (ASC) works under the auspice of multiple pieces of legislation, namely:

- *The Care Act (2014)
- *Human Rights Act 2020
- *Mental Capacity Act (2005)
- *Mental Health Act (1983 amended 2007)

7.2 If Children's Social Care are working with a approaching 18 years old, the lead practitioner should ensure that they share the AIM assessment and any associated risks or concerns regarding HSB with ASC safeguarding lead.

7.3 Equally, if ASC are made aware of an adult that is at risk of, or identified to be engaging in Harmful Sexual Behaviours (HSB), this should in the first instance be considered under the auspice of Safeguarding. Through the safeguarding pathway, the ASC Safeguarding Team can gather information surrounding the concern and determine in the first instance, if any immediate action is necessary to safeguard the adult or the wider public from harm e.g. informing the Police, liaising with the Probation Service, MARAC, MAPPA, Section 42 Safeguarding Strategy Meeting or assessment under the Mental Health Act.

8.0 Victims

8.1 Victim/person that has been harmed support pathway.

8.2 The YJS has 2 Victim Liaison Officers (VLO) who can contact and offer support to all victims of Youth crime in Newcastle. All victims are contacted by the VLO following referral to the YJS. The VLO is then able to update the victim and in some cases offer restorative justice options to help the victim and involved move forward from the incident. The VLO's are linked in with all local community victim support agencies. The VLO's work with YJS Practitioners & Police VLO's to ensure the victim's voice is heard. They also sit on the Youth out of court panel to aid decision making.

8.3 For victims of serious HSB crimes the VLO's would contact the Police VLO for appropriate signposting and referrals to be made.

Appendices

Appendix 1 – Hackett Sexual Continuum

Appendix 2 – Technology HSB Practice Guidance (2016)

Appendix 3 - HSB consent form

Appendix 4 HSB Referral Flowchart

Appendix 5- Victim Referral flowchart

Resources and Further Reading

Child exploitation and Online Protection (CEOP) - CEOP is a National crime agency for the prevention and reporting of online abuse and exploitation. The Safety centre has links for children of all ages, parents and professionals to provide age-appropriate information <http://www.ceop.police.uk/safety-centre>.

National Society for the Prevention of Cruelty to Children (NSPCC) - The NSPCC provides A Harmful Sexual Behaviour framework, which is a systemic tool to develop a local area response to HSB. They

also provide a range of information on the website including research, advice for schools, professionals and parents about how to respond to incidents of HSB. <http://www.nspcc.org.uk>

Parents Protect - The Lucy Faithful foundation runs Parent Protect, an organisation aimed at helping parents identify and respond to sexual abuse. <http://www.parentsprotect.co.uk>

Brook - Brook provide online information, advice and research aimed at supporting children to stay safe. Their vision is to provide clinical services, digital support, tailored counselling and inspiring relationships and sex education ensuring children are able to take charge of their sexual health and wellbeing. <http://www.brook.org.uk>

MESMAC - Offer one to one support for LGBTQ and those questioning children aged 14-25. This includes support around sexual health, Identity and peer support within the youth group sessions. Group sessions cover some targeted work, such as online safety and healthy relationships. <https://www.mesmac.co.uk>

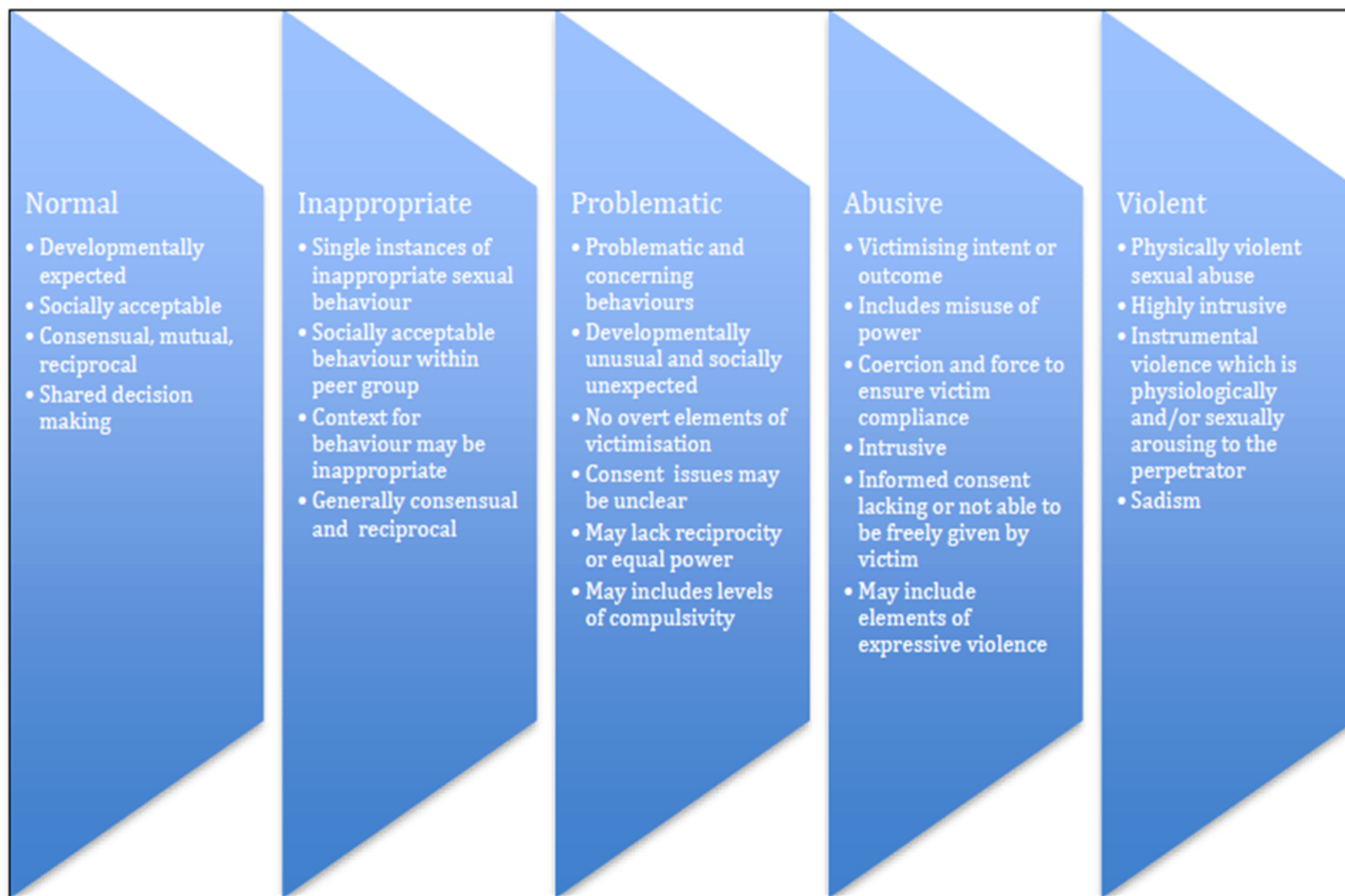
Childnet International – Childnet International provides information for children about how to stay safe online. <http://www.childnet.com>

Facing the Future: a guide for parents of children who have sexually abused – Simon Hackett (2001) Russell House publishing.

Working Pre-Trial with children and children who have presented with harmful sexual Behaviour. [Bluestar_PreTrial-HSB.pdf](#)

Shore: A safe space for teenagers worried about sexual behaviour. [Home - Shore](#)

Appendix 1 – Hackett Sexual Continuum



Appendix 2 TA HSB Practice Guidance 2016



TA HSB
categories.pdf



TA HSB
continuum.pdf



TA HSB
definitions.pdf



TA HSB Who is it
for.pdf

Appendix 3 – YJS Consent form

HSB Intervention Consent Form

Do you agree to the Youth Justice Service (YJS) contacting you and talking to other agencies about you and the reasons for Children's Services contact with you?

Yes ☐

No ☐

Through any HSB intervention work that you agree to Newcastle YJS aims to provide the best possible service to you.

In order to achieve this, we will sometimes share information about you with other professionals we work with to:

- get you the help and advice you might need
- protect you and others
- make sure we do our job properly

The information will tell the other professionals that we are working with you so that we can coordinate the work we do for you. Any further information they request about you will only be given if you agree or if it is required by law.

Other Professionals:

So that we can do our job, the YJS may share information with other professionals. Examples of other professionals include:

- Schools and colleges
- Children's Services
- NHS
- Police

Information about you is stored securely in a confidential way and only authorised professionals from agencies involved with you will use this information.

Should you want to withdraw your consent to work with the YJS or the YJS talking with other agencies you may contact the YJS at any time.

Information and the law

Sometimes we are required by law to share information about you without asking your permission to do so. Examples might be to protect you or others from harm or to prevent any future crimes. Sometimes you can ask us not to store or share your information. If you want to know more about this, speak to your YJS Worker.

For more information, please go to our website:

[Early help for your family | Newcastle City Council](#)

Signed ().....Date.....

Signed (Parent).....Date.....

Signed (YJS Worker).....Date.....

AIM3 CONSENT FORM

I / We parents / carers of

Agree to participate in an AIM3 assessment process, which will address both static and dynamic concerns and strengths in the following areas:

- Offence specific
- Developmental issues
- Family issues
- Environmental / community issues
- Health issues

I / We understand that we will have access to the assessment report and the opportunity to write an addendum addressing any areas of disagreement with the assessors.

Signed ()

Signed (Parent/Carer)

Witnessed

Data Protection Statement

We will not disclose any information about you without your consent unless we have a statutory duty to do so in preventing harm to someone else, or to protect and detect crime. It may be difficult however to provide you with services you may require if you do not give your consent. (Section 115 Crime and Disorder Act 1998).

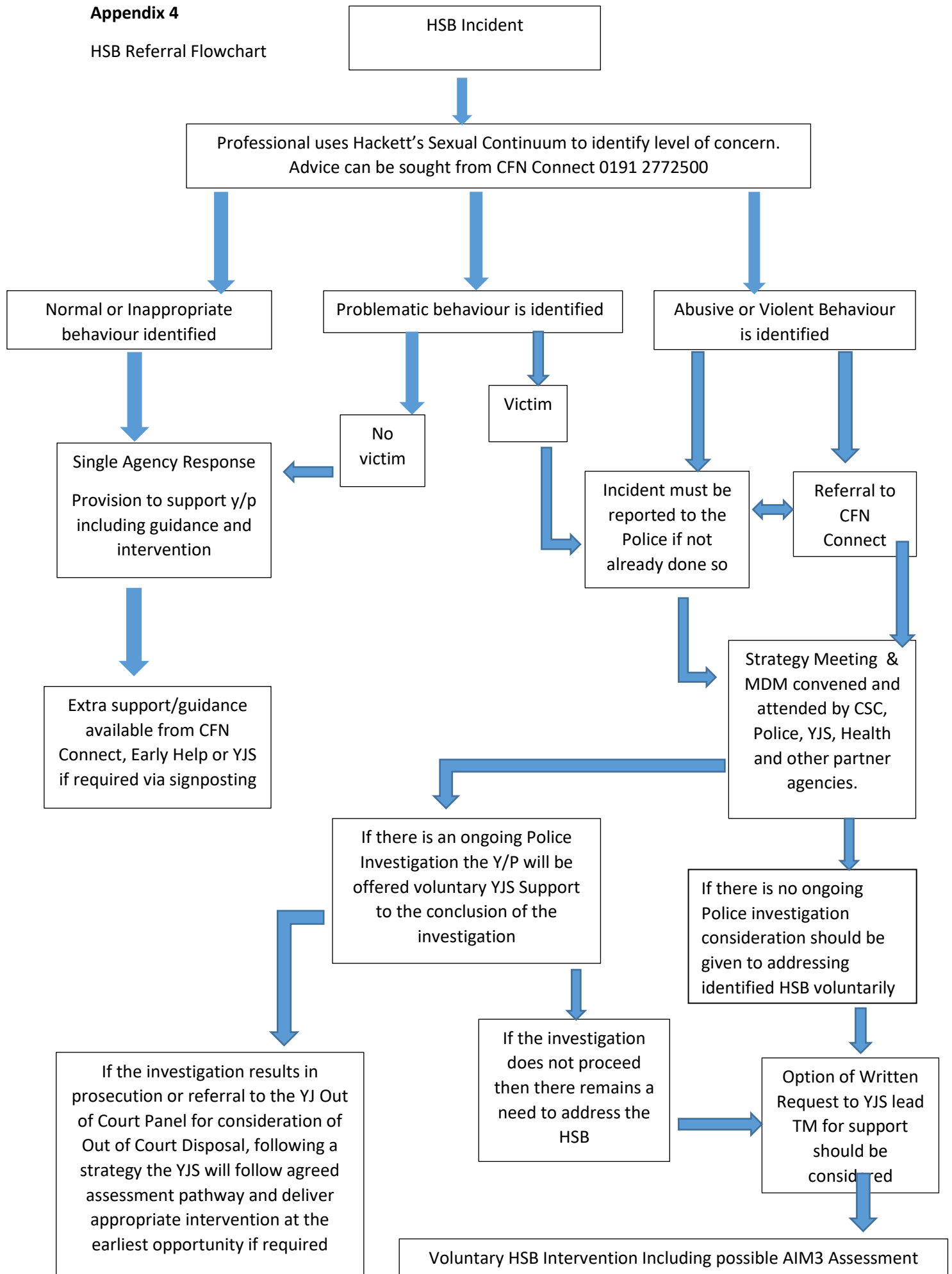
The information held about you will be used to assess your needs for any services you may require to help you. We are required by the Data Protection Act 1998 to obtain your consent to share information about you with other agencies and organisations that may be involved in your care.

I / We have read this statement and had it explained to me/ us and understand what it means. I / We have been provided with a copy of this agreement.

Signed

Appendix 4

HSB Referral Flowchart



Appendix 5 Victim Referral Flowchart

