LAMBETH HARMFUL SEXUAL BEHAVIOUR SERVICE

HSB FORUM CONSULTATION REQUEST FORM

The Harmful Sexual Behaviour Forum is formed of a multi-disciplinary team including the Lead for Lambeth’s Harmful Sexual Behaviour Service and representatives from children’s services, education, paediatrics, youth offending and CAMHS. The forum aims to support professionals who are seeking consultation for young people who are presenting with harmful sexual behaviours. The consultation can help with safety planning, formulating, signposting, advice for interventions and considering whether specialist AIM assessment and interventions are needed.

|  |  |
| --- | --- |
| **Date of request:** |  |

***Consent:***

|  |  |
| --- | --- |
| **Consent obtained from young person?** |  |
| **Consent obtained from parent/carer?** |  |
| **If no, rationale for referring without consent:** |  |

***Young Person’s Information:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  | **Age:** |  |
| **Gender:** |  | **Ethnicity:** |  | **Religion:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address :** |  | **GP Surgery Name:** |  |
| **Post Code:** |  | **GP Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer name(s):** |  | **Young Person’s telephone:** |  |
| **Parent/Carer telephone:** |  | **Young Person’s email:** |  |
| **Parent/Carer email:**  |  |

***Information of professional requesting consultation:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Email:** |  |
| **Address:** |  | **Team:** |  |
| **Post code:** |  | **Team manager name:** |  |
| **Telephone number:** |  | **Team manager email:** |  |

***Safety Plan***

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| --- |
| ***Please summarise current safety plan:*** |
|  |

***Agencies involved***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CAMHS** |  | **Social care** |  | **Police** |  | **YOS** |  |
| **SALT** |  | **Education** |  | **Paediatrics** |  | **Other:** |  |

***Social care status:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LAC S20** |  | **Leaving care** |  | **CIN** |  | **TAC** |  |
| **S31** |  | **Secure accommodation order** |  | **Subject to CP plan** |  | **Other** |  |

***Living arrangements (at time of consultation request):***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Birth family** |  | **Foster care** |  | **Independent living** |  | **Semi-Independent living** |  |
| **Adoptive family** |  | **Residential care** |  | **Residential School** |  | **Secure care (welfare)** |  |
| **Other Family:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Criminal Justice Setting:*** | **YOI** |  | **Secure care (CJS)** |  |
| ***Mental Health Setting:*** | **Open unit** |  | **Low/Medium Secure** |  | **Psychiatric Intensive Care (PICU)** |  |
| **Other:** |  |
| **Mental Health Diagnosis:** |  |
| **Mental Health Act:** |  |

***Education status:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NEET** |  | **Special Schooling** |  | **Home tuition** |  | **Hospital school** |  |
| **CFE** |  | **Mainstream** |  | **Mainstream SEN** |  | **Left school (employed)** |  |
| **Vocational training** |  | **PRU** |  | **Other** |  |
| **EHCP** |  |

***Criminal justice status:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Not applicable** |  | **On bail** |  | **Recent police contact** |  | **On remand** |  |
| **Pre-court order** |  | **Sentenced to custodial order** |  | **Sentenced to community order** |  | **Other** |  |

***Behaviour causing concern:***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Exhibited at:*** | **School**  |  | **Home** |  | **Community** |  | **Other:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Behaviour type:*** | **Sexualised language** |  | **Watching/accessing sexualised materials** |  | **Touching own genitals** |  | **Touching others sexually** |  | **Simulating sexual behaviour** |  |
|  | **Penetration oral** |  | **Penetration vaginal** |  | **Penetration anal**  |  | **Attempted Penetration** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Behaviour towards:*** | **Male** |  | **Female** |  | **Adult**  |  | **Child** |  |
|  | **Peer** |  | **Younger** |  | **Older** |  |

|  |
| --- |
| ***Description of sexualised behaviour:*** |
|  |

***Other non-sexual problematic or harmful behaviour:***

|  |
| --- |
| **(e.g. aggression, violence, fire setting, cruelty to animals, relationship difficulties etc.)** |

***Relevant background history:***

|  |
| --- |
| **(e.g. family history, abuse or neglect, witnessing domestic violence etc., please attach any relevant assessments)** |

***Neurodevelopmental or physical health conditions:***

|  |
| --- |
| **(e.g. learning disability/difficulty, Autism Spectrum Disorder, ADHD, epilepsy, foetal alcohol syndrome etc.)** |

***Mental health conditions (please include any concerns that may not have been diagnosed):***

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| --- |
| **(e.g. anxiety, depression, PTSD, risk-to-self such as self-harm/suicidality, etc)** |

***What would you like to specifically seek consultation about?***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Further safety planning** |  | **Formulation** |  | **Assessment of risk** |  | **Intervention** |  | **Signposting** |  |
| **Please give details:** |