

Child and Young Persons Harmful Sexual Behaviour - Checklist Tool

This Harmful Sexual Behaviour (HSB) checklist should be completed when there are concerns regarding a child or young person's sexualised behaviour to determine if it is considered to be healthy, inappropriate, problematic, or harmful.

Child's details Full name: Any other names used: Date of Birth: Address and postcode: Contact number(s): **Gender:** Male **Female** Other Ethnicity: **Religion: Preferred language: School History Primary school: Secondary School:** Does the child have Special Educational Needs: Yes No Does the child receive SEN Support: Yes No Does the child have an EHC Plan: Yes No

Other Children

If there are any other children in the household, please provide their details.

#	Full name	Date of Birth	Gender	Relationship to Child
1				
2				
3				
4				

Parent / Carer details

Please provide details of all Parent/Carers and other significant adults in household.

#	Full name	Date of Birth	Parental Responsibility		Relationship to Child
1			Yes	No	
2			Yes	No	
3			Yes	No	
4			Yes	No	

ls a	an	inte	rpret	er re	equir	ed:
------	----	------	-------	-------	-------	-----

Yes

Professionals details

No

Other agency/professional involvement (i.e. Police, CSC, Family Support etc):

GP details (Please include name, address and contact number):

Who is completing the Checklist Tool

Name:

Job Title/Role:

Agency/organisation:

Address:

Contact Details:

Date Screening Tool commenced:

Checklist Tool

When completing this checklist tool, consult Calderdale Safeguarding Children Partnership's Harmful Sexual Behaviour Tool Initial Identification and Assessment Tool for Professionals. This checklist tool is to be used to assist in determining if the behaviour being displayed is healthy behaviour reflecting curiosity and experimentation or inappropriate behaviour which is outside safe and healthy curiosity or problematic behaviour due to the context of the activities being displayed or harmful behaviour as a consequence of developmental and power differentials.

What behaviour has been observed or reported: (Provide a clear description of behaviour)

Who was inv	olved or pres	sent: (include e	veryone)			
When did the behaviours):	e behaviour f	irst occur and	the frequenc	cy: (Is this a one	-off behaviour o	or is there a pattern of
	es have been u			ur What safety μ	olans have been	put in place for the
Any other re	levant inform	nation:				
Assessment To to be.	erdale Safegud ool for Professio	arding Children onals, at what l	evel on the Cor	ntinuum of Need		nitial Identification and r displayed considered
1	2	3	4	5		
		o you think is arers, Group wo	-			

Where did the behaviour occur: (Provide an account of the circumstances)