A Guide to

Responding to Pre-Trial Notes Requests

Bluestar PROJECT

About the Bluestar Project

This guide forms part of a suite of best-practice resources developed by Harewood Consultancy on behalf of the Bluestar Project. The Bluestar Project was designed to understand the barriers and facilitators to accessing pre-trial therapy services among children and young people who have experienced sexual abuse. The subsequent training and resources have been designed to apply to any practitioner or service working pre-trial with any victims/survivors of any form of abuse/crime.

Contact the Bluestar Project

All resources and information about our Training and Accreditation Programme can be found at www.bluestarproject.co.uk
Contact the Team on: info@bluestarproject.co.uk

About this guide

This guide is designed to assist practitioners and services when responding to requests to share notes from therapeutic, health and support sessions by the police, crown prosecution service and courts pre-trial. This guide should be read in conjunction with the Bluestar Guide to Note Keeping which is designed to support best practice in Note Keeping for pre-trial therapy services.

There is a set of principles to follow when providing victims with therapy before a criminal trial. These resources were originally developed in response to the CPS Pre-Trial Therapy Guidelines (2022), which have been temporarily withdrawn from publication while under review. Bluestar will update this resource when the revised CPS guidance is published.

Since 2024, these principles have been strengthened by the introduction of statutory duties under the Victims and Prisoners Act (2024) and further detailed in the Victim Information Requests: Code of Practice (2026), which place clear safeguards around how and when police and other authorised persons can request access to Third Party Materials (TPM) which may include therapy, counselling and support records. Together, these frameworks support access to timely therapy while ensuring that any requests for information are lawful, necessary, proportionate, and grounded in a reasonable line of enquiry.

Although the CPS Pre-Trial Therapy Guidance was developed for therapy services, this guide applies to all services providing therapeutic, health or advocacy support to victims and survivors of crime. The Victim Information Requests Code of Practice (2026) introduces enhanced statutory safeguards, including specific protections for services that fall within the legal definition of “counselling” services (see Glossary below), including ISVA/IDVAs.

These guidelines were produced after consultation with experts and voluntary sector providers.

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Contents

Definitions

'Pre-trial therapy' describes any therapeutic support given to children or adults during a criminal justice process. There are a set of principles to follow when providing victims with therapy during a criminal investigation and before a criminal trial, as described by the Crown Prosecution Service (CPS).

Guidance

The CPS first published guidance in 'Provision of Therapy for Vulnerable or Intimidated Adult Witnesses' in 2001 and at that time this was restrictive in terms of what kinds of support could be available to service users pre-trial, including discouraging talking about abuse within therapy and groups. The CPS Pre-trial Therapy Guidance [i] published in 2022 sought to clarify and enable access for victims to therapy, counselling and groups, without impacting on criminal justice processes. This framework has been strengthened by the introduction of statutory duties under the Victim and Prisoners Act [ii] (2024) and Victim Information Requests: Code of Practice [iii] (2026).

The CPS Pre-Trial Therapy Guidance (2022) has been temporarily withdrawn from publication (as of May 2026). The legal authority for the principles it contained now sits within the Code of Practice (2026). Bluestar will update this resource when the revised guidance is published.

Victim

The term used for consistency in this document (*rather than 'complainant', 'survivor' or 'witness'*) to refer to an adult, young person or child who has alleged that a crime has been committed against them. The term victim is used in this guide only when directly referring to or quoting the CPS guidelines.

Service user

An adult, young person or child who has alleged that a crime has been committed against them and for whom a referral has been received by a therapeutic service.

Therapist

Any professionally trained practitioner or one undergoing training who is providing therapy to victims.

Therapy

The range of psychological and emotional counselling and therapeutic approaches and support provided for difficulties that are associated with and/or exacerbated by a criminal offence.

Counselling Services

As defined in the Victim Information Requests: Code of Practice (2026), counselling services are remunerated or voluntary services which offer psychological, therapeutic or emotional support aimed at improving a victim's emotional, psychological and mental health. This includes both registered and unregistered practitioners. The Code provides a non-exhaustive list of who may fall within this definition, including those registered with statutory bodies such as the General Medical Council (GMC), Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC), and Social Work England, those on voluntary registers accredited by the Professional Standards Authority for Health and Social Care (PSA), and unregistered practitioners including Independent Sexual Violence Advisers (ISVAs), Independent Domestic Violence Advisers (IDVAs), Independent Stalking Advocates (ISAs), ministers of religion, and other unregistered persons.

Counselling services are subject to enhanced statutory protections, including a higher threshold for requesting information.

Therapy Notes

Throughout this guide we use the term Therapy Notes to refer to sessional notes taken by practitioners delivering recovery support services. It is important to note that a TPM request can cover any material held about a client — including session notes, assessment tools, letters to referrers, correspondence with other agencies, drawings and artwork created in sessions, and phone or email records. Services should keep a clear delineation between record types in their case management system to make it easier to identify what is held, what is relevant, and what requires redaction when a request arrives. Process notes and supervision notes should be kept separately and are unlikely, although permitted, to be requested for the purposes of a TPM request.

Introduction

Requests from the police or CPS for therapy, counselling and support notes are now subject to stringent statutory safeguards. The starting position under the Victim Information Requests Code of Practice (2026) is that counselling records are not necessary and are not proportionate to request. It is the responsibility of the police to demonstrate why an exception applies - the burden does not fall on services to justify protecting their clients' records. Services should expect to receive substantially fewer note requests as a result of these changes, and sending notes should be the last resort, not the first step.

The CPS advises that the police must only collect material from service providers if:

- It is strictly necessary as part of a reasonable line of enquiry that points towards or away from a suspect.
- The request is specific, necessary and proportionate.
- It is not being made on a speculative basis, or for entire sets of notes.

The new Code of Practice (2026) strengthens the thresholds which apply to different types of notes. Therapy and support service notes can only be requested if:

- They meet the required legal threshold — substantial probative value for all counselling records whether medical or non-medical, or reasonable line of enquiry for all other records.
- The request has been authorised by a Chief Inspector (for counselling records).
- For medical records, police must have obtained the service user's consent before approaching the service. For non-medical records, police must have notified the service user and recorded their views and agreement.

The full framework, including examples of which services fall into each category, is set out in the Receiving a request section.

This guide will detail each step of the process with practical examples at each stage. It is important for services to know that responding to a TPM request is voluntary. Services are only legally obliged to share information through this process via a formal witness summons. A service can legitimately choose not to release information without a witness summons.

Bluestar's preferred position is not a blanket refusal, but a client-centred approach — supporting clients to make an informed choice about whether they want their notes shared and advocating for that choice.

Summary guide to responding to notes requests

- On receipt of the notes request, confirm for which notes and which time period the police/CPS are seeking access, as well as the rationale for requesting the notes and that there is authorisation from a Chief Inspector.
- Before extracting notes, consider whether a brief witness statement confirming therapy took place and noting whether relevant material is held would be sufficient.
- Confirm with the service user that they agree to the police/CPS requesting their notes and that they understand why this is necessary.
- Extract the notes requested, e.g., session notes and letters/reports, and if relevant any correspondence among the professional network and supervision notes.
- Redact the notes as needed, e.g., to remove notes relating to third parties.
- Finalise the redacted notes with service manager and advice from information governance or legal team, as required.
- Complete the third-party response section of the NPCC TPM form, noting your decision, the legal basis for sharing, any handling instructions, and what has been redacted and why.
- Offer the service user the opportunity to review the redacted notes and confirm their agreement to share them."
- "Offer additional support sessions as needed.
- Provide the redacted notes to the police/CPS via secure email.

Receiving a request for notes

According to the Code of Practice (2026), requests for therapy and counselling notes must be specific, necessary and proportionate, and must not be made on a speculative basis. Requests should not be made for entire sets of therapy notes.

When receiving a note request from the Officer In Charge (OIC) or CPS, a practitioner should expect:

- The request to arrive on the NPCC Third Party Material Request Form, with confirmation that early CPS advice has been sought.
- For medical records: Evidence of consent.
- For non-medical records: Evidence that the victim has been notified and their views recorded.
- For counselling records: A clear articulation of how the substantial probative value test is met and Chief Inspector authorisation.

The new Code of Practice (2026) strengthens the thresholds which apply to different types of notes. The table below sets out those differences and how they apply to notes kept by a range of services.

	Counselling notes	Non-counselling notes
Medical services	**For example: NHS psychologist** • Police must obtain consent before approaching the service • Substantial probative value threshold applies • Chief Inspector sign-off required	**For example: GP records, SARC** • Police must obtain consent before approaching the service • Standard reasonable line of enquiry test applies
Non-medical services	**For example: Counsellors, ISVAs, IDVAs, school therapists** • Police must notify the service user and seek their views • Substantial probative value threshold applies • Chief Inspector sign-off required	**For example: School records, employer records** • Police must notify the service user and seek their views • Standard reasonable line of enquiry test applies

Note: Guidance is still to be confirmed on the position for doctors, nurses, social workers, education records and NHS ISVAs

For counselling services, a higher threshold applies – requests should only be made where the information is likely to have substantial probative value and be authorised at Chief Inspector level or above. This applies whether the service is medical or non-medical. However, the following do not, on their own, establish substantial probative value:

- The fact that a record exists
- That the record relates to the incident under investigation
- That the service user received counselling
- Records held close in time to when the complaint was made
- Speculation about the service user's credibility
- Notes relating to the service user's reputation, sexual history, or unrelated allegations
- Records that merely contain an account of the offence given by the service user (Code of Practice, paragraph 91(c))

The burden is on the police to demonstrate why a request meets the threshold — not on the service to justify why it does not.

However, as the guidance is still new, it is not uncommon for police and/or solicitors to make a blanket request for all notes or seek access to notes close to a charging decision, putting services under pressure to respond. Practitioners and services are encouraged to seek the above information before commencing the note-sharing process. A standard email response to notes requests and accompanying notes request form can assist local police and solicitors in making a response in line with the guidance. Since January 2026, requests should arrive on the NPCC Third Party Material Request Form. If a request arrives on a different form, services are within their rights to ask the police to resubmit. If a service uses its own form and it does not contain the same level of content as the NPCC form, police will submit an Addendum to capture the missing information. This might be the case for NHS Trusts or Department of Health and Social Care – who may have their own mandatory DPA forms.

Typical email from police:

Police: 'We need you to send us all the therapy notes for *[service user]* by tomorrow. Failure to do so will stop the CPS making a charging decision and the defendant will be bailed.'

OR 'Request for: Therapy Notes'

Service provider / practitioner email response:

'Dear DS Jones,

Thank you for your request to access notes for *[service user].* In line with the CPS Pre-trial therapy guidelines (2022) and the Code of Practice for Victim Information Requests (2026) we need you to provide a specific reason for requesting access to session notes and that request must be of **substantial probative value** to a reasonable line of inquiry.

We are unable to accept requests to access all notes as we have a legal obligation to protect our client's privacy and data. A step-by-step guide for police can be found in the CPS Guidance for accessing Pre-Trial Therapy.

Please can you complete the attached notes request form and confirm:

- Whether Early Advice has been sought?
- The specific time period and particular issue you are looking to confirm?
- Why you believe access to the therapy notes constitutes a reasonable line of inquiry?
- **This has been authorised by your Chief Inspector**
- That you have spoken to the victim and have agreement for us to share the notes

Once we have this information, we can then let you know if we have any relevant information, review the notes with the service user and confirm if they still consent before sharing.'

Ensure you copy in your supervisor/manager, so that you can be properly supported through this process. Practitioners report they can feel isolated when being asked to release notes. Your supervisor, manager and/or your information governance lead will be able to assist you. If you are a lone practitioner, we recommend you contact your professional body or supervisor for advice.

You can invite the OIC to meet to discuss further the nature of their request. The CPS guidance advises 'Investigators must be able to clearly articulate why it is a reasonable line of inquiry to obtain the material in possession of the therapist. Where relevant, prosecutors should encourage the police to take an incremental approach, including having a conversation with the therapist in the first instance, making clear that the officer will need to evidence this conversation in the crime report or preferably in a statement.'

Sometimes clients are asked to make a **Subject Access Request** to access notes via that route. This is not permitted. Police must follow the TPM process. Services should add a question to their SAR process to ensure that service users have not been asked to access their information to circumvent the TPM process.

Ensure the request is added to a notes request log — you may be asked to share this with your manager/information governance lead in larger organisations. It can be helpful for practitioners and services to keep a log of all notes requests received to keep track of number of requests each month, confirm that local processes have been followed and senior leaders are aware. The log should be kept up to date as the process progresses and serves as a helpful prompt for practitioners to:

- Alert senior leaders, including information governance lead if appropriate
- Confirm it is a reasonable request for notes
- Seek appropriate advice
- Seek service users' agreement to share
- Upload information to service users records
- Aim to respond within 28 days — this is Bluestar best practice, not a statutory deadline.

See SAMPLE Pre-trial therapy requests database available from www.bluestarproject.co.uk

Preparing to respond to notes request

Once you or your service have received a compliant Notes Request Form from the police, you are encouraged to confirm that the service user has consented or their views have been sought. For medical records (e.g. NHS psychologist, GP, SARC), the police must obtain the victim's consent before approaching the service. For non-medical records (e.g. counsellors, ISVAs, IDVAs, Independent Stalking Advocates, school therapists, ministers of religion, and other unregistered practitioners), the police must notify the victim and record their views but are not legally required to obtain consent before making the request. Bluestar best practice is for services to check the client's agreement regardless.

Whilst the police may have consent (Common Law Consent — working with confidentiality as the basis for information sharing) from the service user, this could have been taken at the point of making a statement e.g., some time ago. Things may have changed for the service user since this consent was received and we know that giving consent to the police is a complex issue. It is considered best practice to check with the service user that they understand what they have agreed to, or that their views have been recorded. The ICO advises against using the word 'consent' in this context. Consent under data protection law must be freely given — but a survivor asked to consent to notes being shared as part of a criminal investigation may not feel they are in a position to refuse. For non-medical records, 'views and agreement' is the correct language under the Code of Practice.

Before extracting or redacting any notes, consider whether a brief witness statement would meet the police's need. A short-written statement confirming that your client accessed therapy, the dates of attendance and that you hold nothing relevant to the investigation (if applicable), may be all that is required. This approach protects client data, reduces the burden on your service, and is consistent with the data minimisation principle.

The TPM form has two parts — police complete the request section, services complete the response section. The response section covers four areas: the service's decision; the legal gateway for sharing; any handling instructions; and redaction information setting out what has been removed and why. The new Code of Practice explicitly encourages police to trust the professional judgment of services. This is an option on the TPM form and should be accepted by the Police. Sharing notes should not be the first response to a receiving a notes request.

Discuss with your Supervisor/Service Manager and agree who will review the Records and determine who is best to respond to the request and complete the third-party response section of the NPCC TPM form.

Confirm with the service user whether they would like to see a copy of the notes once they have been redacted either before/after they have been sent. The decision about what to redact rests with the practitioner, based on professional duty and data protection obligations. Once redacted, the service user should be offered the opportunity to review the notes and confirm their agreement to share them — they do not determine what is included or excluded. Remember that viewing notes written about you can be triggering and cause distress to the service user — such as worry about the defence team seeing notes, an invasion of privacy. It is best practice to offer choice and support to the service user; such as a private space to view and discuss the redacted notes, a support session afterwards and a supported conversation with the OIC or solicitor if the service user has any further questions. When contacting the service user, you can use the Pre-Trial Therapy Leaflet (Appendix 1) as a guide to the conversation.

If the child/adult is no longer receiving support from the service, it is important to consider the trauma impact of being contacted by the service again and asked to come in to review and release notes. It is best practice to offer a number of sessions with a therapist or an advocate afterwards.

Extracting and redacting notes

The NPCC TPM form from the police or solicitor should detail the section of notes requested (therapy, ISVA, health, other) and the date range of notes requested. Extract the notes requested pertaining to the specific dates/date range, session or assessment.

A TPM request can cover any material held about a client — not only session notes. This includes assessment tools, letters to referrers, emails and correspondence with other agencies, phone records, and artwork or materials created in sessions. For this reason, it is essential that services keep a clear delineation between record types in their case management system.

The following record types should be kept separately and are unlikely to be relevant to a TPM request in most circumstances:

- Third party email correspondence or meeting notes from conversations with other agencies
- Third party documents e.g. strategy meeting notes
- Process notes
- Supervision notes
- Safeguarding correspondence with social care
- Did not attend/Unable to attend/Was not brought
- Client's artwork or materials created within sessions

Redact the notes as needed, removing any information in the notes related to the following:

- Personal feelings – should be in a victim impact statement
- Names of third parties
- Names and direct notes from other agencies
- Referral to other agencies
- Previous sexual history
- Sexuality and gender identity
- Other physical health conditions, if they are not relevant to the investigation

Redacting notes can be undertaken using a variety of methods, but the method chosen must ensure that the redaction cannot be reversed. The most commonly used options are blanking out text on a printed copy or deleting text in an electronic copy. When blanking out text in a printed copy, it is important to check that the highlighting with a dark marker pen completely obscures the text, before scanning and sending the document. If deleting words/sections of text in an electronic copy, replace the removed text with [REDACTED] in its place to identify where a redaction has taken place. Do NOT highlight text in black and PDF a document. A PDF can be reversed and the highlighting removed.

When sharing notes, services can include handling instructions on the NPCC TPM form specifying that material should not be passed to the defence. This is a formal legal mechanism: where handling instructions are included, the police must treat the material as sensitive under the Criminal Procedure and Investigations Act 1996, and a judge must become involved before any defence disclosure. Services will be notified of any such hearing and have the right to make representations. This is particularly relevant for ISVAs and services working with highly sensitive personal information.

Even where notes meet the substantial probative value threshold and are shared with the police, they will only be disclosed to the defence if they meet the separate disclosure test — capable of undermining the prosecution case or assisting the defence. Services should be aware that a client can be informed which notes, if any, have been disclosed to the defence, so there are no surprises at trial. If notes do not meet the applicable threshold — substantial probative value for counselling records, or reasonable line of enquiry for all other records - services should not release notes to the police and are within their rights to refuse under Article 8 of the ECHR.

Understanding case notes in the justice process

Good note keeping practice exists first and foremost to protect clients, reflect their voice, and fulfil your safeguarding and data protection responsibilities. It is not solely about anticipating a criminal justice process. The practical effect of the new higher threshold is that most session notes will never be requested - the exception being a verbatim first disclosure, which is one of the very few scenarios that may meet the substantial probative value test.

A sample case note for a session could include:

- Date
- Type of session or group e.g.,1:1 session, Group session 4, Joint family work
- Who was present
- How the service user presented
- Topic/themes covered in the session
- Assessments undertaken
- Resources used
- Next steps

Some case management systems can record group work, outside of the individual case record. A sample note for a group could include:

- Name of group facilitator(s)
- Name of service users who attended
- Topic of session
- Date of group session

The following details could lead to difficulty in a criminal justice process and should be avoided:

- Exact or verbatim detail of what was said, unless a new or additional disclosure is being recorded
- Jargon – such as abbreviations or assessment tools with explanation
- Therapists hypothesis or interpretation
- Statements and words that could impact on witness credibility and memory – such as confusion, forgotten, liar, not tell
- Statements about feelings of guilt/shame/blame

Where a client tells you something for the very first time (information that has never previously been shared with the police or anyone else), this is a potential '**first disclosure**' and one of the limited scenarios that may meet the substantial probative value threshold. In these circumstances, accurate verbatim recording is especially important. Bluestar recommends recording first disclosures on a separate disclosure template at the time, rather than embedding them within a full session note. This means that if the disclosure is later requested, only that document needs to be reviewed and shared, rather than requiring the redaction of an entire session note, which increases complexity and the risk of inadvertently sharing material that does not meet the threshold. Therapists are not required by the police or CPS to seek out the OIC after a new or additional disclosure. The obligation to proactively seek information sits with the police. Record it accurately and follow safeguarding procedures where applicable.

Findings from Bluestar Project Case Audits

Case note audits undertaken as part of the Bluestar project showed that most therapists documented how a service user presented and the theme/topic of the session. About half of the therapists audited documented assessment tools used and resources shared, as well as the next steps and only one in five gave a formulation. However, a third of the case notes audited included highly detailed session notes which could lead to difficulties in future criminal proceedings.

Generally, therapists are aware of the topics/phrases that can cause difficulties, and less than 10% of cases audited included statements about feelings/guilt/shame/blame or a therapist's hypothesis.

Ideally case note systems allow therapists to mark each case note as session notes, group, professional liaison, telephone call with professional etc. to ease identification in future.

When documenting a disclosure or direct statement from a service user, use "speech marks" and note who is speaking. For example, the child said she feels that "everyone hates her" in these moments; or service user could link the book to her own experiences and said "that's like what happened to me". The examples below follow the key principles of the Bluestar note-keeping guidance. They are not examples of notes that would automatically be shared with police or CPS. For counselling and support services, notes will only be requested if they meet the substantial probative value test. For non-counselling records the test is reasonable line of enquiry. In practice this means most session notes should never be requested at all. The purpose of good note-keeping practice is to protect your clients and reflect their voice – not because notes will necessarily be shared, but so that you are prepared if a request does arrive.

Examples of best practice case notes

She spoke about her somatic response (eye rolling, shuddering in response to XX name), but that she doesn't have that response anymore; she has spoken about the abuse so much it has been normalised.

Completed a CRIES-8 – scoring mid-high on trauma responses.

XX presented with tummy pain. Creative and verbal session finishing off the sensory grounding toolkit. Themes discussed: listening to needs, inter-generational family loss, pain held in the body.

Session 2: Complete. XX was calm and engaged. We talked about anchoring the feeling and explored what a safe space feels like to her. Enjoyed the discussion about black history. Described how she had asked her teacher to make sure she had a warning before difficult topics. Themes: self-nurture, competence and feeling safe.

XX attended by himself and said he felt more relaxed and had not been self-harming. We made artwork about hope. Topics discussed: historical sexual abuse, consent, coping strategies, friendships and relationships.

XX talked about experiencing flashbacks and described experiences which sounded like dissociation. We explored psychoeducation and the brain responds to trauma when triggered.

XX described that she often does not freeze but is more likely to resort to fighting. We discussed this is a common reaction after trauma.

Example case notes that could cause difficulty

Mum shared that the perpetrator had been harassing the family and [client] pleaded with mum not to tell the police. (could suggest client not being open with police)

I left with heavy, difficult and confused feelings (unclear if this is what the YP said or how the therapist felt at end of the session)

Call to father: XX can appear to be 'attracted to risk' (Could be used by defence lawyer to strengthen the myth that client puts herself at risk)

XX mentioned how she comes across like a much older person in some conversations with her peers (could be used defence lawyer to evidence that defendant thought client was 16 years old)

I asked if she had been having a difficult time and she agreed. I spoke about how I was aware that she may feel closed off and struggle to speak about what she needed and she agreed. (leading by the practitioner)

We spoke about how she feels she is to blame for the abuse but she doesn't always feel this way (could suggest she feels to blame for the abuse)

Support for therapists and service managers

Remember this can feel like a worrying and isolating time – especially if you are a lone practitioner.

- Talk to your colleagues
- Undertake redaction process in pairs with a trusted colleague
- Seek advice from professional bodies
- Use the Bluestar protocol and training materials
- Review the Victim Information Requests Code of Practice (2026) and the NPCC Third Party Material Request Form guidance for third parties, both available on the NPCC website.
- Refer to experts in information governance and Data Protection Law

There is no statutory deadline for responding to a TPM request. Bluestar recommends 28 days as a reasonable standard that reflects good practice without placing undue pressure on services or clients.

Further helpful information can be found in:

- Bluestar Protocol, Notes Guidance and Easy Read guides
- Victim Information Requests Code of Practice (2026)
- NPCC Third Party Material Request Form and guidance for third parties
- BACP guidance (for BACP members)

THIS LEAFLET CAN BE DOWNLOADED HERE

Appendix 1: Pre-Trial Therapy Leaflet

Pre-Trial Therapy

Everything you need to know

Bluestar PROJECT

What is pre-trial therapy?

Pre-trial therapy is any type of therapy that is accessed when a report has been made to the police, a criminal investigation is underway and before the case has gone to trial.

The choice to enter therapy before, after or during the criminal justice process is yours – this decision should not be made by the police or Crown Prosecution Service (CPS).

Your wellbeing is the most important factor in choosing when it is the right time to access services and your treatment should not be delayed because of the ongoing criminal justice process.

Accessing therapy pre-trial can be helpful in supporting you emotionally with what has happened, and the impact of the criminal justice process itself.

How is pre-trial therapy different?

When a criminal case is underway, therapy and

are required to work within CPS Guidelines which you can read here.

As part of the criminal justice process, the police or CPS may seek in very limited situations access to the notes we keep about your sessions.

If you want to talk about the incident under investigation that is okay. It's important for you to know that any new information about that allegation may need to be shared with the police if we receive a notes request or if there is a concern that you or someone else is at risk of harm.

Why would the police want access to my notes?

Therapy and support notes are sometimes seen as a form of evidence. The police and CPS have a responsibility to look at material that could 'point towards or away from the allegation' that has been made.

Your notes can only be requested if they are likely to significantly add evidence (have substantive probative value), the request has been authorised by a Chief Inspector and requested with your agreement.

What happens when the police ask for my therapy notes?

The police will not have access to all your therapy notes, only very specific pieces of information related to the disclosure or incident under investigation (or what they call "a reasonable line of enquiry, necessary and proportionate" under the Victim Information Requests Code of Practice (2026).

If the police ask us for access to your notes, we will always ask you first whether you want them to be shared. We will also offer to go through the notes together and share with you a copy of everything that is sent.

You do not have to share your notes if the police ask for them and we as your service are under no legal obligation to do so.

Though this very rarely happens, it is important for you to know, that if we or you refuse to share notes, later in the investigation process the Crown Court can issue a court order to access them.

If this were to happen, the prosecution may need to release some of the information to the defence lawyer – this means that the suspect could have access to some of your notes in these rare cases. For this reason, we keep limited notes about our sessions, as advised by the CPS.

What happens in pre-trial therapy?

Like other therapies, you will meet with your therapist on a regular basis. The therapy will be designed to offer you emotional support with how you are feeling and what is going on for you.

You will be asked to sign a Client Contract which includes in it an agreement and understanding with the key points included in this leaflet.

Your therapist should offer you the opportunity to read through your notes each session to check you are happy with them and that everything is accurate - we believe it is important for you to feel in control of your information.

It's okay to ask your therapist to go through the process for this with you. Sometimes reading notes about your sessions can be difficult, they can support you to work with them on this in a way that feels right for you.

Who can I talk to about this if I have any questions?

Your therapist will talk with you about this at your first appointment. Other members of the support service may give you information about this if you are in contact with them. The service you are accessing will be able to talk through any questions you have.

You can also talk to your investigating officer (OIC), Independent Sexual Violence Advisor (ISVA Service) or Victim Support Services.

For more info visit www.bluestarproject.co.uk
or contact us on info@bluestarproject.co.uk

References

[i] CPS Pretrial Therapy Guidance (2022) – temporarily withdrawn https://www.cps.gov.uk/prosecution-guidance/pre-trial-therapy

[ii] Victim and Prisoners Act (2024) – https://www.legislation.gov.uk/ukpga/2024/21

[iii] Victim Information Requests Code of Practice (2026) – https://www.gov.uk/government/publications/victim-information-requests-code-of-practice--2/victim-information-requests-code-of-practice-accessible

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