Prevention and Diversion Assessment

Core Information

Name	
Preferred name	
Unique CYPID	
Unique Pupil Number	
Childs social care system number	
DOB (DD/MM/YYYY)	
Sex	Choose an item.
Preferred pronouns	
Religion	Choose an item.
Language	Choose an item.
Ethnicity	Choose an item.
How does the child describe their ethnicity?	
What are the child's additional needs? *(disability, language, neurodiversity)*	
Contact Details	
Child contact number	
Address	
Email address	
Any other contact	
Preferred contact	
Parent/carer contact details	
Parent/carer name and relationship	
Parent/carer contact number	
Parent/carer email address	
Preferred contact	
Parent/carer name and relationship	
Parent/carer contact number	
Parent/carer email address	
Preferred contact	
Any factors that need to be taken into consideration for contact	
Referral Information	
Date of referral	Click or tap to enter a date.
Referring organisation and details	

Reason for referral	
☐ Assessment prior to decision	
☐ Formal OOCD	Choose an item.
☐ Informal OOCD	Choose an item.
☐ Targeted Prevention	Choose an item.
☐ Other Turnaround criteria *(please state)*	Choose an item.
Information to be checked *(tick when complete)*	
☐ Children's services	☐ Police
☐ Health	☐ Education
☐ Community safety	☐ Other
☐Victim (if appropriate)	
Is the child? ☐Previously or currently care experienced ☐ On a child protection plan ☐ Identified as a child in need ☐Receiving Care and Support (in Wales) ☐ Open to early help services	
Brief Overview of any social care involvement	
Has the child and family consented to this referral taking place Choose an item.	

Other organisations involved	
Name of agency and worker	
Email address of worker	
Telephone number of worker	
Reason for involvement	
Name of agency and worker	
Email address of worker	
Telephone number of worker	
Reason for involvement	
Are there any other significant relationships?	
Who has been spoken to as part of this assessment?	

Child's Life Circumstances

What is the child's family structure?	
Is there anything in the child's history that may impact their current circumstances? (*Consider trauma, bereavement, abuse etc*)	
What are the diversity needs of the child? How can these be met during the intervention offered?	
Has the child experienced discrimination and how has this affected them?	Choose an item.

Has the child previously or currently experienced ☐ Criminal exploitation ☐ Sexual exploitation ☐Labelled as associated with a gang ☐Radicalisation
Provide brief overview of this experience
Prior to this referral has there been any previous concerning behaviour? In what context did this take place and what was the impact, for the child and others.

Child's Current Circumstances

Living Arrangements	
What are the child's current living arrangements? *(please describe where the child lives and who with)*	
Accommodation type	Choose an item.
Is this suitable?	Choose an item.
Education, Training and Employment	
What has been the child's experience of education and what is their current education, training, or employment?	
Education type	Choose an item.
Number of hours offered	Choose an item.
Number of hours attended	Choose an item.
Is this suitable?	Choose an item.
Health & Wellbeing	
Does the child have additional learning needs, including any speech and language needs, and what are they?	
Is there SEND/ALN support in place?	Choose an item.
Does the child have emotional wellbeing and mental health needs, if so, what are they?	
Have they been screened for these needs?	Choose an item.
What are the child's developmental needs and what is their maturity	
Has the child had any previous health trauma, and what was it? *(i.e., traumatic head injury)*	
Does the child have physical health needs, and what are they?	
Has a substance screening been completed?	Choose an item.

Does the child use substances, and if so, what substances do they use?
Is the child or anyone else concerned about substances they use and what are those concerns?
If the child as received treatment, was it ☐ Targeted ☐ Complex care ☐ Specialist substance misuse treatment
Social Life & Identity
How does the child describe their social life, leisure interests, community, and support network?
How does the child describe themselves and their identity?
Does the child have access to the internet at home and how do they use it?
Parent(s)/Carer wider family needs
What strengths (for the child, their family, in the community) already exist to help the child achieve their potential?
Are there any needs in the family that are having an impact on the child?
Are there any concerns in the community that are having an impact on the child?

Behaviour

This section should be completed where there is a linked offence that has received an outcome, or an assessment to be completed prior to a decision panel. It is discretionary in other circumstances

The child's behaviour
What behaviour has caused the child to be referred to the youth justice service?
What does the child say about their behaviour?
What do the child's parents/carers say about this behaviour?
In the assessor's opinion, what needs/goals is the child trying to achieve through this behaviour?
In the assessor's opinion, why has this behaviour taken place?
Who has been affected by this behaviour and how?
Is there opportunity, and is it appropriate, for the child to make amends?

Safety & Wellbeing for the child	
Based on all the information, including past behaviour, what, if any are the safety and wellbeing concerns for the child and why? Consider imminence, nature and context	Choose an item.
Safety for Others	
Based on all the information, including past behaviour, what, if any are the safety and well-being concerns to others as a result of the child's potential behaviour and why? *(Please identify who and explain why)* Consider imminence, nature and context	Choose an item.
Concerns about future offending	
Based on all the information, including past behaviour, how much concern, if any, is there of the child being involved in any future offending and why? Consider imminence, nature and context	Choose an item.
Moving Forward	
What existing strengths, for the child, family and community, can be built on	
What will help the child achieve their potential?	
Does the child's family need any additional support to help to support them achieve their potential?	
What barriers, structural or otherwise might prevent the child achieving their potential?	

Decision Making Process

Only complete if the case is subject to a decision making process

If appropriate, what is the assessors recommended disposal	
Who has made this decision?	
Rationale for the disposal	
Date of the offence	Click or tap to enter a date.
Date of decision	Click or tap to enter a date.
Disposal type	Choose an item.
Date disposal administered	Click or tap to enter a date.
For Turnaround cases, has this proceeded to intervention	Choose an item.

The Plan

Child's Section

These are the things I am good at:
• • •
These are the things I might need help with:
• • •
My Plan
This is who will help me with my plan and what they will be doing:
This is what will happen to help me move forward and stay out from trouble:
This is what will happen to keep me safe:
This is what will happen to keep others safe:
If have done something wrong, this is what I will do to put things right:
These are the things I might need to help me achieve my plan:
• • •
These are the additional things we have agreed will be put in place to help keep me and others safe, if needed:
I know when my plan is finished when;

The date my plan will be finished	Click or tap to enter a date.
I will do the things in this plan. Sometimes I may need extra help from other people. My worker will talk to me if this needs to happen. I agree we can talk about adding extra things to the plan if needed	My signature
As the parent/carer, these are the things I may need support with	
• • •	
I will help my child to do everything in this plan. Sometimes either me, or other members of my family, or my child may need extra help from	Parent/carer signature

other people. The worker will talk to us both if this needs to happen. I agree we can talk about adding extra things to this plan.	

Professional Section

What diversity needs will be considered to help the child and family achieve their goals?
Who will support the child and family?
What other support is in place and which of the child and family's needs are being addressed by this support?
How will any structural barriers be overcome?
What will the YJS doing to support the child?
What will other agencies be doing to support the child and family
What will the YJS doing to support the parent(s)/carers
What external controls will be in place to manage the child's behaviour, if needed?
What interventions will be delivered? Tick top three

☐Mental Health ☐Mentoring and supportive relationships ☐Educational and vocational ☐Substance misuse ☐Sports based recreational activities	☐Restorative justice ☐Social and emotional interventions ☐Practical life skills ☐Music and art based recreation ☐Interventions to meet wider family need ☐YJS topic based intervention
☐ Other *(please state)*	

Contingency Section

What foreseeable changes in circumstances would result in a change to any safety and wellbeing concerns to the child?			
If this happens what actions will be taken, by whom and when?			
Action	**Who**	**When**	**Desired Outcome**
What foreseeable changes in circumstances would result in a change to any safety and wellbeing concerns to others?			
If this happens what actions will be taken, by whom and when?			

Action	Who	When	Desired Outcome

Assessor's name	
Management signature	
Management comment	
Date	Click or tap to enter a date.

Exit Plan Section

Date intervention ended	Click or tap to enter a date.

What intervention has been delivered to the child? Tick top three

☐Mental Health ☐Mentoring and supportive relationships ☐Educational and vocational ☐Substance misuse ☐Sports based recreational activities	☐Restorative justice ☐Social and emotional interventions ☐Practical life skills ☐Music and art based recreation ☐Interventions to meet wider family need ☐YJS topic based intervention

Has the child successfully completed the programme of support?	Choose an item.
For Turnaround children what was the reason for non-completion	Choose an item.

What support has been given to parents/carers?

What do the child's parents/carers say about the support

What support has been given to the child?

What does the child say about the support?

Is there anything that could have been done differently?

Does the child need any further support?	Choose an item.

If yes, what plans are in place to support the child and who will this be provided by?

Aim	Who	When

Has the child offended whilst subject to this intervention? *(If yes, please provide details)*	Choose an item.

Please provide a summary of what support has been provided and what impact this has had on the child and their family.	
Has there been a change in the assessments of safety and well-being to the child, safety to others and likelihood of further concerning behaviour	Choose an item.
Living Arrangements	
Accommodation type	Choose an item.
Is this suitable?	Choose an item.
Education	
Education type	Choose an item.
Number of hours offered	Choose an item.
Number of hours attended	Choose an item.
Is this suitable?	Choose an item.
Health & Wellbeing	
Does the child have SEND/ALN?	Choose an item.
Has the child had screening or needs identified for emotional or mental health needs?	Choose an item.
Has the child received intervention for substance misuse?	Choose an item.
If the child has received treatment, was it ☐ Targeted ☐ Complex care ☐ Specialist substance misuse treatment	

Management signature	
Management comment	
Date	Click or tap to enter a date.

Any confidential information that needs to be considered