



Final Warning Profile



Personal details

Surname _____ First name(s) _____

Other names _____ Gender: Male / Female Date of birth _____

*Unique ID _____ *Police National Computer number _____

*Address _____

_____ *Postcode _____

Phone numbers (home, mobile, work) _____

***Ethnic classification (2001 census)** Information not obtainable ☐

White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other White <input type="checkbox"/>
Black/Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other Black <input type="checkbox"/>
Asian/Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/>
Mixed	White/Black Caribbean <input type="checkbox"/>	White/Black African <input type="checkbox"/>	White/Asian <input type="checkbox"/> Other Mixed <input type="checkbox"/>
Chinese/Other ethnic group	Chinese <input type="checkbox"/>	Any other <input type="checkbox"/>	

Preferred language (other than English) _____

Information used for assessment (Please tick all that apply.)

Interview <input type="checkbox"/>	Crown Prosecution Service <input type="checkbox"/>	General practitioner <input type="checkbox"/>
Case record <input type="checkbox"/>	Solicitor <input type="checkbox"/>	Mental health service <input type="checkbox"/>
Family/carers <input type="checkbox"/>	Previous convictions <input type="checkbox"/>	Other health service <input type="checkbox"/>
School <input type="checkbox"/>	Residential home/hostel <input type="checkbox"/>	Drug/alcohol service <input type="checkbox"/>
Social Services Department <input type="checkbox"/>	Housing association <input type="checkbox"/>	Young Offender Institution <input type="checkbox"/>
Victim <input type="checkbox"/>	Local education authority <input type="checkbox"/>	Secure unit <input type="checkbox"/>
Police <input type="checkbox"/>	Careers guidance service <input type="checkbox"/>	Voluntary organisation <input type="checkbox"/>
	Common Assessment Framework <input type="checkbox"/>	Lead Professional <input type="checkbox"/>

Other (e.g. club, religious organisation, local youth projects) _____

Give details of any particular difficulties in obtaining information.

Specify any significant pieces of information still to be obtained.

Assessment completed by _____ Date completed _____

Offence details

*Primary index offence

Additional offences

*Seriousness score (1-8)

Outline of current offence(s)

***Victim/s** (Please tick all that apply.)

*Specific, targeted victim ☐

*Vulnerable victim ☐

Repeat victim ☐

Victim not known to him/her ☐

Racially motivated offence ☐

Impact and effect on victim

Criminal history

Age at first	10	11	12	13	14	15	16	17	N/A	Don't know
Reprimand/Caution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age at first	10	11	12	13	14	15	16	17	N/A	Don't know
Final Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Time since last Reprimand, Caution or Final Warning	3 months	6 months	12 months	1 year +	N/A	Don't know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has s/he previously received an ASBO?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details (Please explain reasons for any 'Don't know' responses.)

Care history

*Is the young person known to Social Services?

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details (Please explain reasons for any 'Don't know' responses.)

Ratings

Rate the extent to which the following factors are associated with the likelihood of further offending.

(0 = not associated, 4 = very strongly associated)

- 1. Living arrangements** (e.g. living with known offenders, deprived household, accommodation unsuitable for his/her needs, absconding/staying away, no fixed abode)

0	1	2	3	4
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- 2. Family and personal relationships** (e.g. family members involved in substance abuse or criminal activity, lack of interest shown in the young person, inconsistent supervision, abuse, loss)

0	1	2	3	4
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Evidence (If you have rated 2 or above in either section 1 or 2, you must give evidence for your decision here.)

- 3. Education, training and employment** (e.g. any identified special educational needs, instances of exclusion, truancy or bullying, difficulties with basic literacy/numeracy, poor relationships with teachers, current training/employment situation, level of qualifications/skills, attitudes towards employment)

0	1	2	3	4
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Evidence (If you have rated 2 or above in section 3, you must give evidence for your decision here.)

- 4. Neighbourhood** (e.g. level of crime in the area, obvious signs of drug-dealing and/or usage, lack of age-appropriate facilities, isolated location/lack of transport, racial or ethnic tensions)

0	1	2	3	4
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- 5. Lifestyle** (e.g. predominantly pro-criminal peers, non-constructive use of time, lack of legitimate income, lack of age-appropriate friendships, involvement in reckless activity)

0	1	2	3	4
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Evidence (If you have rated 2 or above in either section 4 or 5, you must give evidence for your decision here.)

- 6. Substance use** (e.g. use of alcohol/tobacco/solvents/drugs, substance use which has detrimental effect on education or relationships, offending to obtain money for substances)

0	1	2	3	4
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- 7. Physical health** (e.g. health condition which significantly affects everyday functioning, physical immaturity/delayed development, health put at risk through his/her own behaviour)

0	1	2	3	4
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Evidence (If you have rated 2 or above in either section 6 or 7, you must give evidence for your decision here.)

- 8. Emotional and mental health** (e.g. problems coming to terms with significant past events, contact with mental health services, any suicide attempts or instances of self-harm)

0	1	2	3	4
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- 9. Perception of self and others** (e.g. inappropriate levels of self-esteem, general mistrust of other people, displays a lack of understanding for other people, discriminatory attitudes)

0	1	2	3	4
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- 10. Thinking and behaviour** (e.g. does not understand the consequences of actions, acts impulsively, has a constant need for excitement, gives in easily to pressure from others, poor temper control)

0	1	2	3	4
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Evidence (If you have rated 2 or above in either sections 8, 9 or 10, you must give evidence for your decision here.)

- 11. Attitudes to offending** (e.g. lack of understanding about the impact of offending on victim or their family/carers, lack of remorse, belief that certain offences are acceptable, sees offending as inevitable)

0	1	2	3	4
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- 12. Motivation to change** (e.g. understands consequences of offending, can identify reasons to stop offending, likely to receive support from family/friends, willing to co-operate to achieve change)

0	1	2	3	4
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Evidence (If you have rated 2 or above in either sections 11 or 12, you must give evidence for your decision here.)

Summary of ratings

	Rating		Rating
1. Living arrangements		7. Physical health	
2. Family and personal relationships		8. Emotional and mental health	
3. Education, training and employment		9. Perception of self and others	
4. Neighbourhood		10. Thinking and behaviour	
5. Lifestyle		11. Attitudes to offending	
6. Substance use		12. Motivation to change	
		Total score from sections 1-12 (max. 48)	

*Positive factors

(e.g. stable living arrangements/family relationships, school attendance, constructive leisure activities, resilience)

*Indicators of vulnerability

Please indicate if there is any possibility of harm being caused to the young person, e.g. being vulnerable as a result of bullying or intimidation, risk of self-harm/suicide.

Indicators of serious harm to others

Please indicate any possibility of the young person causing serious physical or psychological harm to other people, e.g. any previous harm intended/caused, use of weapons, targeting victims, other disconcerting or disturbing attitudes or behaviour. (If issues are raised in this section please complete a *Risk of Serious Harm* form.)

Future Plans

Is intervention being proposed at this stage? Yes ☐ No ☐ Don't know ☐

If 'no', please explain reasons, e.g. she/he has already made reparation, circumstances leading to offence are unlikely to recur.

Please complete the tables below if a Final Warning intervention is being proposed.

	Objectives	Method	Who (Yot, family, agencies)
1.			
2.			
3.			
4.			
5.			

Summarise key positive factors that could be strengthened during intervention to reduce risk of reoffending.

Are there other issues – not directly related to offending – which need to be addressed?

Yes

☐

No

☐

	Objectives	Method	Who (Yot, family, agencies)
1.			
2.			
3.			
4.			
5.			

Final Warning Closure

Give a brief summary of the work that has been undertaken with the young person during this intervention.

***Has the young person engaged well with this intervention?** Yes ☐ No ☐

Details

***Have there been any difficulties in arranging programmes or services?** Yes ☐ No ☐

Details

***Have there been any referrals to other agencies?** Yes ☐ No ☐

Details

*Are you aware of any reoffending by the young person?

Yes ☐

No ☐

Details

Please re-score the following sections based on your current knowledge of the young person.

	Rating		Rating
1. Living arrangements		7. Physical health	
2. Family and personal relationships		8. Emotional and mental health	
3. Education, training and employment		9. Perception of self and others	
4. Neighbourhood		10. Thinking and behaviour	
5. Lifestyle		11. Attitudes to offending	
6. Substance use		12. Motivation to change	
		Total score from sections 1-12 (max. 48)	

Evidence (Please provide evidence of any changes in your above assessment of the young person e.g. from positive outcomes relating to any intervention, further disclosure by the young person.)

Have there been any changes in the assessment of vulnerability or risk of serious harm to others?

Yes ☐

No ☐

Details

Signed (practitioner): _____ Date of closure: _____