



Core Profile



Additional information on answering the questions marked by asterisks on this form is given in the guidance notes.

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 ☐ Irish ☐ Other White ☐

Black/Black British Caribbean ☐ African ☐ Other Black ☐

Asian/Asian British Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian ☐

Mixed White/Black ☐ White/Black ☐ White/Asian ☐ Other Mixed ☐
Caribbean African

Chinese/Other ethnic group Chinese ☐ Any other ☐

Preferred language (other than English) _____

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

Interview ☐ Crown Prosecution Service ☐ General practitioner ☐

Case record ☐ Solicitor ☐ Mental health service ☐

Family/carers ☐ Previous convictions ☐ Other health service ☐

School ☐ Residential home/hostel ☐ Drug/alcohol service ☐

Social Services Department ☐ Housing association ☐ Young Offender Institution ☐

Victim ☐ Local education authority ☐ Secure unit ☐

Police ☐ Careers guidance service ☐ Voluntary organisation ☐

*Common Assessment Framework ☐ Lead Professional ☐

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

*Seriousness score (1-8)

*Primary index offence

Additional offences

Outline of current offence(s)

*Case stage

Referral Order

☐

Pre-sentence report

☐

Post-sentence

☐

Mid-Detention and
Training Order

☐

*Review

☐

End order

☐

*Other

☐

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

*Specific, targeted victim

☐

*Vulnerable victim

☐

*Repeat victim

☐

Victim not known to him/her

☐

Racially motivated offence

☐

Details

Offence analysis

Please use the framework below to describe and analyse the young person's offending behaviour regarding current offences.

*Actions and intentions

- What was the offence?
- Where, when, and with whom was it committed?
- What methods were used?
- What degree of planning was involved?
- Were any weapons used?
- What was the value of money or property stolen?
- Were alcohol and/or drugs used at the time of the offence?
- Was it a group offence? If so, was the young person a leader or follower?
- What were the intentions of the young person?
- What were the differences between their intentions and their actions?
- Was the victim targeted/random/groomed/particularly vulnerable?
- Were there any other aggravating or mitigating factors?

*Outcomes and consequences

- What is the impact on the victim – in the immediate and the longer term?
- What are the consequences for the young person (e.g. reaction to arrest and detention, response from family)?

*Reasons and motives

- What were the young person's personal and social circumstances at the time?
- What were the young person's motives?
- What were the young person's attitudes?
- Does the young person have any particular attitudes/beliefs which might have influenced the offence (e.g. a belief that certain types of behaviour are justified, racial motivation, triggers, disinhibitors)?

*Patterns of offending behaviour

- Are there any similarities or differences with previous behaviour?
- Has there been an increase/decrease in seriousness and/or frequency?
- Does the young person show a specialisation/diversity of offences?
- Are there any gaps in offending patterns?
- Has the young person made previous attempts to desist?

Analysis and evidence

Criminal history

Age at first Reprimand/Caution	10	11	12	13	14	15	16	17	N/A	Don't know
	<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 conviction	10	11	12	13	14	15	16	17	N/A	Don't know
	<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"/>
Number of previous convictions	10+	8-9	6-7	5	4	3	2	1	0	Don't know
	<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"/>
Previous custodial sentences							2+	1	0	Don't know
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Time since last conviction or pre-court disposal	Up to... 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"/>				

Previous disposals

Please indicate whether the young person has ever received any of the following disposals.

	Date/s		
Final Warning	<input type="text"/>	Supervision Order	<input type="text"/>
Referral Order	<input type="text"/>	Community Punishment Order	<input type="text"/>
Reparation Order	<input type="text"/>	Community Rehabilitation Order	<input type="text"/>
Action Plan Order	<input type="text"/>	*Other disposals, e.g. fine	<input type="text"/>
ASBO	<input type="text"/>		

Have there been any instances of failing to complete or comply with previous disposals?

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

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

	Yes	No	Don't know
Is the young person's name on the sex offenders' register?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Any other previous contact with Yot? (e.g. YISP, YIP, Splash, ABC, referral for Child Safety Order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details (This does not include the information recorded above about previous disposals.)

Care history and 'looked after' status

Please indicate whether any of the following apply to the young person.

	Current	Previous	Never	Don't know
Accommodated by voluntary agreement with parents (s20 Children Act 1989)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subject to a care order (s31 Children Act 1989)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remand to local authority accommodation (s23(1) Children and Young Person's Act 1969)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the young person is 16 or 17 and you have ticked a 'current' or 'previous' box above:

	Yes	No	Don't know
*Is s/he an 'eligible child' (still in care and looked after for at least 13 weeks since the age of 14)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*(If 'No') Is s/he a 'relevant child' (has left care but was looked after for at least 13 weeks from the age of 14, and for some time while 16 or 17)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other social services contact

	Current	Previous	Never	Don't know
His/her name has been placed on the child protection register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Any other referrals to or contact with social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any social services involvement with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details (Please explain reasons for any 'Don't know' responses and outline any aspects of the young person's care history which you consider relevant.)

1. Living arrangements

***Who has the young person been mostly living with over the last six months?**

Mother	<input type="checkbox"/>	Grandparent/s	<input type="checkbox"/>	Friend/s	<input type="checkbox"/>
Father	<input type="checkbox"/>	Other family	<input type="checkbox"/>	Residents of home or institution	<input type="checkbox"/>
Step-parent	<input type="checkbox"/>	By self	<input type="checkbox"/>	Other/s	<input type="checkbox"/>
Foster carer/s	<input type="checkbox"/>	Partner	<input type="checkbox"/>		
Sibling/s	<input type="checkbox"/>	Own child(ren)	<input type="checkbox"/>		

If his/her *current* living arrangements are different, please specify below.

Please indicate whether any of the following apply to the young person.

	Yes	No	Don't know
*No fixed abode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Unsuitable, does not meet his/her needs (e.g. overcrowded, lacks basic amenities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deprived household (e.g. dependent on benefits, entitlement to free school meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Living with known offender/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absconding or staying away (e.g. ever reported as missing person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Disorganised/chaotic (e.g. different people coming and going)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Other problems (e.g. uncertainty over length of stay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

***Rate the extent to which the young person's living arrangements are associated with the likelihood of further offending.**

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

2. Family and personal relationships

Which family members or carers has the young person been in contact with over the last six months?

Birth mother	<input type="checkbox"/>	Grandparent/s	<input type="checkbox"/>	Other significant adults (e.g. neighbour, family friend)	<input type="checkbox"/>
Birth father	<input type="checkbox"/>	Sibling/s	<input type="checkbox"/>		
Adoptive parent/s	<input type="checkbox"/>	Partner	<input type="checkbox"/>		
Step-parent	<input type="checkbox"/>	Own child(ren)	<input type="checkbox"/>	Other/s	<input type="checkbox"/>
Foster carer/s	<input type="checkbox"/>	Other family	<input type="checkbox"/>		

Please indicate whether any of the following apply to the young person.

	Yes	No	Don't know
*Evidence of family members or carers with whom the young person has been in contact over the last six months being involved in criminal activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Evidence of family members or carers with whom the young person has been in contact over the last six months being involved in heavy alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Evidence of family members or carers with whom the young person has been in contact over the last six months being involved in drug or solvent misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Significant adults fail to communicate with or show care/interest in the young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconsistent supervision and boundary setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Experience of abuse (i.e. physical, sexual, emotional, neglect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Witnessing other violence in family context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Significant bereavement or loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Difficulties with care of his/her own children	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems (e.g. parent with physical/mental health problem, loss of contact, acrimonious divorce of parents, other stress/tension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's family and personal relationships are associated with the likelihood of further offending.

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

3. Education, training and employment

Engagement in education, training or employment (ETE)

*Is the young person of compulsory school age?

Yes ☐ No ☐

Which of the following best describe his/her current ETE situation?

(Tick as many as apply.)

Mainstream school	<input type="checkbox"/>	Work experience	<input type="checkbox"/>	College/further education	<input type="checkbox"/>
Special school	<input type="checkbox"/>	Full time work	<input type="checkbox"/>	Other training course	<input type="checkbox"/>
Pupil referral unit	<input type="checkbox"/>	Part time work	<input type="checkbox"/>	Unable to work (e.g. incapacity)	<input type="checkbox"/>
Other specialist unit	<input type="checkbox"/>	Casual/temporary work	<input type="checkbox"/>	Looking after family	<input type="checkbox"/>
Community home with education	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Nothing currently arranged	<input type="checkbox"/>
		New Deal	<input type="checkbox"/>	Other	<input type="checkbox"/>
Home tuition	<input type="checkbox"/>	Pre-employment/lifeskills training	<input type="checkbox"/>		

*How many hours of ETE are arranged each week? _____ hours

*How many hours of ETE is she/he currently engaged in/receiving per week? ____ hours

*Is there evidence of non-attendance? (Please tick relevant reasons and give details below.)

Yes ☐ No ☐

Permanent exclusion ☐ Fixed-term exclusion ☐ Family issues ☐ Illness ☐

Other non-attendance (specify) _____

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

Educational attainment

	Yes	No	Don't know
Does s/he have any educational qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have vocational/practical qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Have special needs (SEN) been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'yes', does s/he have a statement of SEN?	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have difficulties with literacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have difficulties with numeracy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does s/he have difficulties caused by a severe lack of English (or Welsh, if applicable) language skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Other factors relating to engagement in ETE

	Yes	No	Don't know
Negative attitudes towards ETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of attachment to current ETE provision (e.g. wants to leave, cannot see benefits of learning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Bullies others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor relationships with most teachers/tutors/employers/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative parental/carers attitudes towards education/training or employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems (e.g. frequent changes of school/educational placement, school is unchallenging/boring, disability, lack of stable address meaning difficulties securing work, no money to buy books/tools/equipment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

***Rate the extent to which the young person's education, training and employment is associated with the likelihood of further offending.**

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

4. Neighbourhood

*Please give a brief description of the neighbourhood in which the young person spends most of their time.

Please indicate whether any of the following are a problem in the neighbourhood.

	Yes	No	Don't know
*Obvious signs of drug dealing and/or usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated location/lack of accessible transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Lack of age-appropriate facilities (e.g. youth clubs, sports facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial or ethnic tensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems (e.g. lack of amenities such as shops or post office, opportunities to sell stolen goods, red-light district, tension between police and local community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's neighbourhood is associated with the likelihood of further offending.

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

5. Lifestyle

Please indicate whether the following are characteristic of the young person's lifestyle.

	Yes	No	Don't know
*Lack of age-appropriate friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Associating with predominantly pro-criminal peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Lack of non-criminal friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has nothing much to do in spare time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Participation in reckless activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Inadequate legitimate personal income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems (e.g. gambling, staying out late at night, loneliness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's lifestyle is associated with the likelihood of further offending.

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

6. Substance use

Please answer the questions below to give details of substance use (based on the information currently available).

	*Ever used	*Recent use	Age at first use	Not known to have used
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Alcohol (Please specify types of alcohol in evidence box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Solvents (glue, gas and volatile substances e.g. petrol, lighter fuel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Methadone (obtained legally or illegally – specify in evidence box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Tranquilisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other (Please specify in evidence box.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Please indicate whether any of the following apply to the young person.

	Yes	No	Don't know
*Practices which put him/her at particular risk (e.g. injecting, sharing equipment, poly-drug use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sees substance use as positive and/or essential to life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Noticeably detrimental effect on education, relationships, daily functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offending to obtain money for substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other links to offending (e.g. offending while under influence, possessing/supplying illegal drugs, obtaining substances by deception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's substance use is associated with the likelihood of further offending.

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

7. Physical health

Please indicate whether any of the following apply to the young person.

	Yes	No	Don't know
*Health condition which significantly affects everyday life functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Physical immaturity/delayed development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Problems caused by not being registered with GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Lack of access to other appropriate health care services (e.g. dentist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Health put at risk through his/her own behaviour (e.g. hard drug use, unsafe sex, prostitution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems (prescribed medication, binge drinking, obesity, poor diet, smoking, hyperactivity, early or late physical maturation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's physical health is associated with the likelihood of further offending.

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

8. Emotional and mental health

Is the young person's daily functioning significantly affected by emotions or thoughts resulting from the following?

Yes No Don't know

*Coming to terms with significant past event/s (e.g. feelings of anger, sadness, grief, bitterness)

☐
☐
☐

*Current circumstances (e.g. feelings of frustration, stress, sadness, worry/anxiety)

☐
☐
☐

*Concerns about the future (e.g. feelings of worry/anxiety, fear, uncertainty)

☐
☐
☐

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

***Has there been any formal diagnosis of mental illness?**

☐
☐

Don't know

☐

***Any other contact with, or referrals to, mental health services?**

☐
☐

Don't know

☐

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

***Are there indications that any of the following apply to the young person?**

Yes

No

Don't know

*S/he is affected by other emotional or psychological difficulties (e.g. phobias, eating or sleep disorders, suicidal feelings not yet acted out, obsessive compulsive disorder, hypochondria).

☐
☐
☐

*S/he has deliberately harmed her/himself.

☐
☐
☐

*S/he has previously attempted suicide.

☐
☐
☐

Details (Specify type of illness, medication, whether she/he co-operates with treatment etc. Please explain reasons for any 'Don't know' responses.)

***Rate the extent to which the young person's emotional and mental health is associated with the likelihood of further offending.**

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

9. Perception of self and others

Please indicate whether any of the following apply to the young person.

	Yes	No	Don't know
*S/he has difficulties with self-identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*S/he has inappropriate self-esteem (e.g. too high or too low).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*S/he has a general mistrust of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees him/herself as a victim of discrimination or unfair treatment (e.g. in the home, school, community, prison).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*S/he displays discriminatory attitudes towards others (e.g. race, ethnicity, religion, gender, age, class, disability, sexuality).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*S/he perceives him/herself as having a criminal identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's perception of self and others is associated with the likelihood of further offending.

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

10. Thinking and behaviour

***Are the young person's actions characterised by any of the following?**

	Yes	No	Don't know
*Lack of understanding of consequences (e.g. immediate and longer term outcomes, direct and indirect consequences, proximal and distal consequences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Impulsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Need for excitement (easily bored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Giving in easily to pressure from others (lack of assertiveness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor control of temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Inappropriate social and communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Does the young person display any of the following types of behaviour?**

	Yes	No	Don't know
*Destruction of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Aggression towards others (e.g. verbal, physical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sexually inappropriate behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Attempts to manipulate/control others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

***Rate the extent to which the young person's thinking and behaviour is associated with the likelihood of further offending.**

0	1	2	3	4
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(0 = not associated, 4 = very strongly associated)

11. Attitudes to offending

***Please indicate whether the young person displays any of the following attitudes.**

	Yes	No	Don't know
*Denial of the seriousness of his/her behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Reluctance to accept any responsibility for involvement in most recent offence/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Lack of understanding of the effect of his/her behaviour on victims (if victimless, on society)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Lack of remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Lack of understanding about the effects of his/her behaviour on family/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*A belief that certain types of offences are acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*A belief that certain people/groups are acceptable 'targets' of offending behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*S/he thinks that further offending is inevitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

***Rate the extent to which the young person's attitudes to offending is associated with the likelihood of further offending.**

0	1	2	3	4
---	---	---	---	---

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

12. Motivation to change

Please indicate whether the young person displays any of the following attitudes.

	Yes	No	Don't know
*Has an appropriate understanding of the problematic aspects of his/her own behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows real evidence of wanting to deal with problems in his/her life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Understands the consequences for him/herself of further offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Has identified clear reasons or incentives for him/her to avoid further offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Shows real evidence of wanting to stop offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will receive positive support from family, friends or others during any intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is willing to co-operate with others (family, Yot, other agencies) to achieve change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*Rate the extent to which the young person's motivation to change is associated with the likelihood of further offending.

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

0	1	2	3	4
---	---	---	---	---

Summary of dynamic risk factors

1. Living arrangements
2. Family and personal relationships
3. Education, training and employment
4. Neighbourhood
5. Lifestyle
6. Substance use

Rating

7. Physical health
8. Emotional and mental health
9. Perception of self and others
10. Thinking and behaviour
11. Attitudes to offending
12. Motivation to change

Rating

Total score from
sections 1-12 (max. 48)

Any other relevant information

--

Positive factors

Please tick the relevant boxes to indicate the presence of positive factors in the young person's life. If, for any question, there do not seem to be any positives (or you are unsure) please leave that particular box blank. Use the evidence boxes to explain what impact the different factors may have on the likelihood of reoffending.

Individual factors

Current (or potential)

Education/training/work experience that enhances confidence and self-esteem (e.g. good at certain subjects, demonstrates practical skills, recognition of achievements)

☐

Has obtained qualifications that will help him/her to obtain employment

☐

Has some friends who are not involved in offending, model positive social behaviour etc.

☐

Positive and constructive things to do in his/her spare time

☐

Evidence

Current (or potential)

A sense of self-efficacy (e.g. that she/he can take action to change things, displays optimism)

☐

A goal, ambition, sense of direction or something to 'aim at' in life

☐

Opportunities for 'turning points' (e.g. change of school, moving to a new area, new social opportunities)

☐

Resilience (e.g. copes well with difficulties, knows where to seek help, seems to spring back quickly from adversity)

☐

Has engaged well with previous interventions (e.g. from YISP, YIP, Positive Activities or other initiatives, interventions by other agencies)

☐

Evidence

Family factors

Current (or potential)

Strong, stable relationship with at least one parent or other family member

☐

Parent/s or carers who value education/training/employment

☐

Family members or carers who model pro-social behaviour and norms

☐

Evidence

Community factors

Current (or potential)

Professional help/support, e.g. receiving support/counselling, other agency involvement with family

☐

School is interested in the young person's progress, keen to get involved and help

☐

Strong, stable relationship with an adult outside of the family home (e.g. teacher, youth club leader, neighbour)

☐

Community offers opportunities for the young person to get involved with activities (e.g. youth centre, sports facilities that caters for the young person's interests, other interest groups)

☐

If applicable, young person receives strong support from cultural and ethnic communities

☐

Evidence

**Any other positive factors that can be identified
(e.g. stable accommodation, good transport links)**

Details

Indicators of vulnerability

This section focuses on the possibility of harm being caused to the young person.

The first three questions should be completed in all cases; the last two, regarding previous custodial sentences and current concerns about vulnerability in custody, are not always required, but can be used where a young person is likely to receive a custodial sentence and there are concerns about his or her vulnerability within a secure establishment.

***Is there evidence that s/he is likely to be vulnerable as a result of the following?**

	Yes	No	Don't know
The behaviour of other people (e.g. bullying, abuse, neglect, intimidation, exploitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other events or circumstances (e.g. separation, anniversary of loss, change of care arrangements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
His/her own behaviour (e.g. risk taking, ignorance, drugs, acting out, inappropriate response to stress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

***Are there indications that s/he is at risk of self-harm or suicide?**

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

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

***Are there any protective factors that may reduce his/her vulnerability?**

Yes

☐

No

☐

Don't know

☐

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

Are there any known problems during previous custodial sentences?

Yes

☐

No

☐

Don't know

☐

If yes, please specify (i.e. self-harm, attempted suicide, or victim of bullying) and provide details

Are there any current concerns about vulnerability if s/he were to go to custody?

Yes

☐

No

☐

Don't know

☐

If yes, please specify the nature of the problems, and circumstances in which they are likely to occur

Indicators of risk of serious harm to others

This section focuses on the possibility of the young person causing serious harm to other people. Serious harm is defined as ‘death or injury (either physical or psychological) that is life threatening and/or traumatic and from which recovery is expected to be difficult, incomplete or impossible’.

***Do any of the following apply to the young person in relation to the current offence/s?**

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

S/he has been convicted of a serious specified offence

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

S/he is being sentenced in the Crown Court for a specified offence

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

A Youth Court has specifically requested that the pre-sentence report risk assessment should contribute to the court's assessment of ‘dangerousness’, in order to determine whether to remit the case to the Crown Court for sentencing

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

***Has the young person ever been assessed as presenting ‘a risk to children’?**

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

If you have answered ‘yes’ to either of the questions above, you must complete the full *Risk of Serious Harm* form. If none of these cases applies, please complete the questions below. Take account of known offences and other behaviour that may not have resulted in a conviction (e.g. behaviour within the family, at school, in institutions, towards staff). If you answer ‘yes’ to either of the questions, you must go on to complete the full *Risk of Serious Harm* form.

***Is there any evidence of the following?**

Yes	No	Don't know
-----	----	------------

*Behaviour by the young person which resulted in actual serious harm being caused

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Behaviour which indicates that s/he was intending or preparing to cause serious harm

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*Other (e.g. reckless or unintentional) behaviour that was very likely to have caused serious harm

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Do any of the following indicate that there may be a risk of serious harm?

	Yes	No	Don't know
*Other features of his/her offending (e.g. unduly sophisticated methods, use of weapons, targeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*His/her attitudes and motives (e.g. driven by desires for revenge, control or by discriminatory beliefs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Current interests or activities (e.g. fascination with military paraphernalia, networks/associates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Do any of the following cause significant concern?**

	Yes	No	Don't know
*Any other disconcerting or disturbing behaviour by the young person (e.g. cruelty to animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Young person has said, indicated or threatened that s/he might cause serious harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Others (e.g. family, school) have expressed concern that the young person might cause serious harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Any other intuitive or 'gut' feelings about possible harmful behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details (Where there are 'don't know' responses, specify what additional information is needed in order to make a judgement.)