REQUEST FOR EARLY INTERVENTION SERVICE

Early Intervention is acting as soon as possible to solve problems for children and families before  
they become more difficult to reverse. This referral is for Humberside Police Early Intervention in Scunthorpe.

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| **WHICH CHILD ARE YOU CONCERNED ABOUT? (CHILD’S DETAILS)** | | | | | | | | | | |
| CHILD’S NAME: |  | | | | | | | | | |
| ADDRESS: |  | | | | | | | | | |
| EMAIL: |  | | | | | | | | | |
| **WHO IS MAKING THIS REFERAL? (REFERER AGENCY DETAILS)** | | | | | | | | | | |
| NAME: |  | | | | AGENCY: | | | Humberside Police | | |
| CONTACT DETAILS: |  | | | | DATE OF REQUEST: | | |  | | |
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| **WHO IS IN THE FAMILY? (FAMILY DETAILS)** | | | | | | | | | | |
| **FIRST NAME** | | **SURNAME** | | **DOB (OR AGE)** | | | **SCHOOL (IF APPLICABLE)** | | **RELATIONSHIP** | **CONTACT** |
|  | |  | |  | | |  | | Child of Concern |  |
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| **HAS AN ASSESSMENT OF NEED BEEN CARRIED OUT IN RELATION TO THIS FAMILY IN THE LAST 6 MONTHS, e.g. EARLY HELP ASSESSMENT, CHILD IN NEED PLAN ETC?** | | | | | | | | | | YES |
| NO |
| **TYPE OF ASSESSMENT:** | | | N/A | | | **ASSESSING AGENCY:** | | | N/A | |

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| WHAT ARE YOU CONCERNED ABOUT? | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT ARE YOU WORRIED ABOUT? | | | | | | | | | | | | | | | | | | | | | | | | | |
| What has brought you to believe the child needs help with offending or anti-social behaviour? What do you think the cause of this behaviour is? | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT ARE THE STRENGTHS OF THE FAMILY? | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WHAT ADVERSE CHILDHOOD EXPERIENCES HAS THE CHILD SUFFERED? (CHECK THOSE YOU ARE AWARE OF) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adverse Childhood Experiences (ACEs) are traumatic events in a person’s childhood linked to a range of health & social problems later in life. | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACE | Physical/emotional abuse/neglect | Sexual harm | Child is going missing | Family financial issues/debt | Parental divorce/separation | | | Close family death | Parent/sibling involved in crime | Parental substance misuse | Family domestic abuse/history | Parental/family mental health | Child involved in crime/arson | | Child committing anti-social behaviour | Child drug or alcohol misuse | Negative associations | Parent disability impacting the child | | Family with care needs | Early problem behaviour (e.g. ADHD) | Looked after child (in care/fostering) | Poor school attendance | At risk of permanent exclusion | Impulsive/risk taking behaviour |
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| BRIEFLY EXPLAIN WHY THE CHILD HAS EACH ACE FACTOR | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HOW ARE WE GOING TO ADDRESS THESE CONCERNS? (RESPONSE TO CONCERNS) | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT SUPPORT HAS BEEN PROVIDED BY OTHER SERVICES? | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WHAT DO YOU WANT EARLY INTERVENTION TO DO? (PARTICULARLY AROUND PREVENTING OFFENDING OR ANTI SOCIAL BEHAVIOUR) | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\*\*\* DO NOT COMPLETE BELOW THIS LINE – SEND THIS FORM TO SGT 1393 JAMES MAIN \*\*\*\*\* | | | | | | | | | | | | | | | | | | | | | | | | | |
| WILL EARLY INTERVENTION BE SUPPORTING AN EXISTING PLAN OR ARE WE THE FIRST AGENCY AND NEED TO TAKE THE LEAD? | | | | | | | | | | | | | THIS IS TO SUPPORT AN EXISTING PLAN/LEAD\* | | | | | | | | | | | | |
| EARLY INTERVENTION NEED TO BE THE LEAD AGENCY | | | | | | | | | | | | |
| \*WHO IS THE CURRENT LEAD AGENCY? | | | | | | | Agency (if applicable) | | | | | | Key worker | | | | | | Tel./Email | | | | | | |
| ARE THERE ANY KNOWN RISKS TO VISITING PROFESSIONALS? E.G. FROM FAMILY MEMBERS, ANIMALS ETC | | | | | | | | | | | | | NO RISKS FORESEEN | | | | | | | | | | | | |
| VISIT WITH CAUTION | | | | | | | | | | | | |
| SIGNIFICANT RISKS TO CONSIDER | | | | | | | | | | | | |
| PLEASE EXPLAIN BRIEFLY REASONS TO VISIT WITH CAUTION OR RISKS TO CONSIDER | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WHAT OTHER AGENCIES ARE INVOLVED? | | | | | | | | | | | | | | | | | | | | | | | | | |
| KEY WORKER NAME | | | | | | AGENCY | | | | | | | | CONTACT NUMBER/EMAIL | | | | | | | | | | | |
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| PARENTAL CONSENT – EARLY INTERVENTION IS VOLUNTARY, WE CANNOT WORK WITH A FAMILY WITHOUT THEIR CONSENT. | | | | |
| I understand that the Early intervention team will review my personal information to assess whether a support service is able to assist my family. This assessment will involve gathering and sharing relevant information with other professionals.  I understand that other agencies will be contacted in relation to the information held about me and my family dating back 12 months from the date of this referral. This can include data held by the Police, Housing and Health. The aims of this are to gain a clear picture of where my family and I could be offered support.  I understand that any information about my family will be stored securely and will only be used in line with the requirements of the 1998 Data Protection Act. I understand that information may be shared with other service providers to achieve a positive outcome to meet my family's needs.  **I would like support to help me to make positive changes for me and my family**. | | | | I understand & agree  I understand & agree  I understand & agree  I agree |
| **Signed:** |  | **Name:** |  | |
| **Date:** |  | | | |

**Your referral is now complete.  
Please email this form to the Early Intervention email address:**

[SPOCEarlyInterventionScunthorpe@humberside.pnn.police.uk](mailto:SPOCEarlyInterventionScunthorpe@humberside.pnn.police.uk)

Thank you for taking the time to pass on your concerns. We will now complete some checks and make a decision.   
We will do this as quickly as possible and get back to you when we can.

**FOR OFFICE USE**

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| **CHECKS & ELIGIBILITY CRITERIA** | **DATE:** Enter a date | | | | | **DECISION** | | | **DATE:** Enter a date | |
| LOCATION (TOWN/CROSBY WARDS) | YES | | NO | | | ACCEPTED | |  | | |
| AGE RANGE (8-12) | YES | | NO | | | FORWARDED TO | Agency |  | | |
| KNIFE CRIME RELATED | YES | | NO | | | DECLINED | |  | | |
| LOOKED AFTER CHILD | YES | | NO | | | OTHER | Please explain below |  | | |
| SUSPECTED OFFENCES (<3) | Number | YES | | NO | | DECISION MAKER | Rank Collar Number Name | | | |
| ON ECLISPE? | Agency | YES | | NO | | BRIEF RATIONALE | | | | |
| ACE FACTORS REVIEWED ABOVE | YES | | NO | | |  | | | | |
| PREVIOUS CONVICTION ON PNC | YES | | NO | | |
| CHECKING OFFICER | Rank Collar Number Name | | | | | ALLOCATED OIC | Rank Collar Number Name | | | |
| **NOTES** | | | | | | | | | | |
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| **EXIT STRATEGY** | | | | | | | | | | |
| **WHAT DO WE WANT TO ACHIEVE?** | | | | | **HOW WILL WE KNOW WE HAVE ACHIEVED IT?** | | | | | **COMPLETED** |
| Objective: E.g. decrease the child’s ASB in the community by 50% this calendar quarter | | | | | Benchmark: E.g. the child’s ASB nuisance calls for service will have fallen by 50% from 24 in the last 3 months to 12 in the next 3 months. | | | | | Enter a date  By who? |
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| **WHAT ARE WE GOING TO DO TO MAKE THESE SUSTAINABLE CHANGES?** | | | | | | | | | | |
| What tactics, techniques and methods are you going to put in place to make sure the behaviour changes carry on once we have withdrawn? | | | | | | | | | | |
| **WHAT OTHER AGENCIES CAN HELP ONCE YOU’VE WITHDRAWN?** | | | | | | | | | | |
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