


Date of event:

Draft: How do you feel now?

Where would you score what happened using the Signs of Safety scale and why?



**Internal
No police response**
*Signs of Safety
score 7-10 (No risk)*

E.g. Testing boundaries, 'minor' damage
Why?.....

.....
.....
.....



**No immediate police
response**
*Signs of Safety
score 4-6*

*E.g. No ongoing risk of harm. Repeated /
worsening behavior*
Why?.....

.....
.....
.....



Immediate response
*Signs of Safety score
1-3 (Most risk)*

*E.g. Serious assault or damage where a
person / people are at risk of harm*
Why?.....

.....
.....
.....

Action

- Carers manage situation, refer back to this agreement



- Informal restorative justice, agree sanctions,
- Record action
- Inform social worker / YOT worker if there is one
- Invitation to police to support internal actions, consider preventative support

Action

- Discuss behavior with Manager/Supervising Social Worker
- Record behaviour



- Discussion with the police (Beat manager PCSO, CiC Officer) and team around the young person
- Decision for police investigation, restorative justice or preventative work
- Record decision and outcome on young person's records

Action

- 999
- Once staff and young people are safe, record behavior and inform Social Worker/EDT and YOT worker if there is one



- **Police Investigation**

Charge to court: restorative justice will be considered as part of any sentence

No charge. Consider restorative justice or preventative work

Regular contact and meetings between carers and Neighbourhood Policing Teams to build relationships and communication

To the person/s harmed (if present):

What happened?
What were you thinking? Then? Now?
What has been the hardest thing for you?
What do you need to help repair the harm/
resolve this conflict?

To the person causing harm/conflict:

What happened?
What were you thinking? Then? Now?
How were you feeling? Then? Now?
What do you need to do to repair the harm/
Resolve this conflict?

[Type text]

How do you think your community has been affected by your behaviour?

.....
.....
.....

Do you have any needs individual to you that we need to think about when we are making decisions about your behaviour?

.....
.....
.....

How can you/we prevent this from happening in the future?

.....
.....
.....

Do you need support from anyone else to do this?

.....
.....
.....

Both share an example of when you (the young person) has done something nice/behaved well

.....
.....
.....

Actions

.....
.....
.....
.....

Signed _____
Date (Young Person)

Signed _____
Date (Worker)

Copy to Social Worker / Case Manager (if open to YOT)