



# Intervention Plan 1



COPY TO BE GIVEN TO YOUNG PERSON

## Personal details

Name \_\_\_\_\_ Yot ID \_\_\_\_\_

\*What sentence did you get? \_\_\_\_\_ How long is your sentence? \_\_\_\_\_

\*This means that you have to \_\_\_\_\_

## Main objective

\*We are going to try and stop you offending again by working on \_\_\_\_\_

## \*Major targets for our three-month plan

	*What are our targets?	*How is this going to be done?	*Who is going to do it?
1.			
2.			
3.			
4.			
5.			

## \*Future targets

## \*Contact details

Your supervisor's name: \_\_\_\_\_ Supervisor's telephone number: \_\_\_\_\_

## Important dates

When are we next going to meet? \_\_\_\_\_ How often do we meet? \_\_\_\_\_

\*Date of review/plan: \_\_\_\_\_ Signed (Practitioner): \_\_\_\_\_

Date of next review/plan: \_\_\_\_\_ \*Signed (Young person): \_\_\_\_\_

\*Earliest order end: \_\_\_\_\_ \*Signed (Parents/Primary carer): \_\_\_\_\_

Are there any other important dates? \_\_\_\_\_



# Intervention Review



**Note:**

**If the intervention is for three months or less, please use the 'Intervention Final Review' (see p.4) and *not* this form.**

**What have we been trying to do for the past three months?**

We have been trying to stop you offending again by \_\_\_\_\_

**What has happened?**

Target (from 'Intervention Plan 1')	Success	
	What has been good?	What has been not so good?
1.		
2.		
3.		
4.		
5.		

\*Have you offended in the past three months? Yes ☐ No ☐

Details

\*Do you think you have been motivated by/have you worked hard at the targets and plan we created? Yes ☐ No ☐

Details

\*Have there been any problems in achieving the targets we agreed? Yes ☐ No ☐

Details

\*How do you think things are going?



# Intervention Plan 2



COPY TO BE GIVEN TO YOUNG PERSON

## Personal details

Name \_\_\_\_\_ Yot ID \_\_\_\_\_

What sentence did you get? \_\_\_\_\_ How long is your sentence? \_\_\_\_\_

## Main objective

For the next three months we are going to work on \_\_\_\_\_

Anything else you think we should be doing \_\_\_\_\_

## Major targets for our three-month plan

	What are our targets?	How is this going to be done?	Who is going to do it?
1.			
2.			
3.			
4.			
5.			

## Future targets

## \*Contact details

Your supervisor's name: \_\_\_\_\_ Supervisor's telephone number: \_\_\_\_\_

## Important dates

When are we next going to meet? \_\_\_\_\_ How often do we meet? \_\_\_\_\_

Date of review/plan: \_\_\_\_\_ Signed (Practitioner): \_\_\_\_\_

\*Date of next review/plan: \_\_\_\_\_ Signed (Young person): \_\_\_\_\_

Earliest order end: \_\_\_\_\_ Signed (Parents/Primary carer): \_\_\_\_\_

Are there any other important dates? \_\_\_\_\_



# Intervention Final Review



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## Record of achievements

\*What have been your main achievements from the targets we set?

\*How do you think you have responded to the work we did?

\*Have you noticed any positive developments in your life? (e.g. general improvements in education, family relationships or general attitude)

\*What didn't we do? Why not?

\***Final notes** (e.g. anything else that has led to a positive change in your life; reasons for an early closure, any referrals made)

\***Tell me what you think . . .** (e.g. about the work we have done, what you liked most, didn't like, what you have got out of it?)

Signed (Practitioner): \_\_\_\_\_

\*Signed (Young person): \_\_\_\_\_ Date of closure: \_\_\_\_\_



# Intervention Plan



COPY TO BE GIVEN TO YOUNG PERSON

**Please copy this form if you are carrying out more than two intervention plans.  
Insert the number of the intervention plan in the box provided above.**

## Personal details

Name \_\_\_\_\_ Yot ID \_\_\_\_\_

What sentence did you get? \_\_\_\_\_ How long is your sentence? \_\_\_\_\_

**Main objective** (problem areas in *Asset*; 'Positive factors' in *Asset*; T1:FR form etc.)

For the next three months we are going to work on \_\_\_\_\_

Anything else you think we should be doing \_\_\_\_\_

## Major targets for our next three-month plan

	What are our targets?	How is this going to be done?	Who is going to do it?
1.			
2.			
3.			
4.			
5.			

**Future targets** (problems that we will work on in the future)

## Contact details

Your supervisor's name: \_\_\_\_\_ Supervisor's telephone number: \_\_\_\_\_

## Important dates

When are we next going to meet? \_\_\_\_\_ How often do we meet? \_\_\_\_\_

\*Date of review/plan: \_\_\_\_\_ Signed (Practitioner): \_\_\_\_\_

Date of next review/plan: \_\_\_\_\_ Signed (Young person): \_\_\_\_\_

\*Earliest order end: \_\_\_\_\_ Signed (Parents/Primary carer): \_\_\_\_\_

Are there any other important dates? \_\_\_\_\_



# Intervention Review



**Please copy this form if you are carrying out more than two intervention plans.  
Insert the number of the review in the box provided above.**

What have we been trying to do for the past three months?

We have been trying to stop you offending again by \_\_\_\_\_

What has happened?

Target (from previous 'Intervention Plan')	Success	
	What has been good?	What has been not so good?
1.		
2.		
3.		
4.		
5.		

Have you offended in the past three months?

Yes ☐

No ☐

Details

Have we made progress towards achieving our plan and the targets we agreed?

Yes ☐

No ☐

Details

Have there been any problems in achieving the targets we agreed?

Yes ☐

No ☐

Details

How do you think things are going?



# Risk Management Plan



Name \_\_\_\_\_

If the young person has been assessed as medium, high or very high risk in the ‘Conclusion’ section of the *Risk of Serious Harm* assessment, please complete the following *Risk Management Plan*. This should be related to the intervention plan but will include proposals specifically related to managing and/or reducing the risk of serious harm to others.

Indicate the risk of serious harm to others based on the *Risk of Serious Harm* assessment.

- ☐ Medium  
☐ High  
☐ Very high

## Managing risk: external and internal controls

What external controls need to be put in place?

(e.g. monitoring/surveillance, limiting his/her access to potential victims)

What work needs to be done with the young person to develop internal controls?

(e.g. enhancing his/her ability to respond appropriately to identified triggers for harmful behaviour)

## Managing risk: protective factors

What other factors could help to contain the risk? (e.g. the ability to identify incentives not to cause serious harm)

What other factors could reduce the level of risk? (e.g. support networks)

## Managing risk: achieving external and internal controls and protective factors

What action can be taken by the Yot?

What referrals need to be made to other organisations?

Are there any other procedures that need to be implemented/actions to be taken?

### Managing risk: sharing information

What other key pieces of information need to be shared? (e.g. with colleagues, other agencies, members of young person's family)

How and when will this be done?

### Managing risk: planning for future events

What factors or changes in circumstances would result in the young person moving to a different risk category? (e.g. change in circumstances that presents new opportunities for harmful behaviour, event that provides motive for causing harm)

If these changes occurred, what action would need to be taken and how quickly could this be done?

Assessment completed by \_\_\_\_\_ Date \_\_\_\_\_

Countersigned by \_\_\_\_\_ Date of next review \_\_\_\_\_





# Vulnerability Management Plan



Name \_\_\_\_\_

If the young person has been assessed as medium, high or very high risk of vulnerability (i.e. where there is a clearly identified risk of a young person experiencing some specific kind of harm) on the basis of the information recorded in the 'Indicators of Vulnerability' section of the *Core Profile*, please complete the following *Vulnerability Management Plan*. This plan runs alongside the intervention plan but will include proposals specifically related to reducing vulnerability.

Indicate the risk of vulnerability based on the *Core Profile* and any other relevant assessments (e.g. mental health)

- ☐ *Medium*  
☐ *High*  
☐ *Very high*

## Managing vulnerability: external and internal controls

What external controls need to be put in place?  
 (e.g. monitoring)

What work needs to be done with the young person to develop internal controls?  
 (e.g. enhancing his/her ability to deal with stressors)

## Managing vulnerability: protective factors

What other factors could reduce the level of vulnerability? (e.g. support networks)

## Managing vulnerability: achieving external and internal controls and protective factors

What action can be taken by the Yot?

What referrals need to be made to other organisations?

Are there any other procedures that need to be implemented / actions to be taken?

### Managing vulnerability: sharing information

What other key pieces of information need to be shared?  
(e.g. with colleagues, other agencies, members of young person's family)

How and when will this be done?

### Managing vulnerability: planning for future events

What factors or events would result in a change to the young person's level of vulnerability?

If these changes occurred what action would need to be taken and how quickly could this be done?

Assessment completed by \_\_\_\_\_ Date \_\_\_\_\_

Countersigned by \_\_\_\_\_ Date of next review \_\_\_\_\_