

# Closure Summary



Young person's name:

Referral number:

Give a brief summary of the work that has been done with the young person

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Did the young person engage well with the work that was planned in the intervention plan?

Yes ☐

No ☐

Details

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Have there been any difficulties in arranging work with agencies?

Yes ☐

No ☐

Details

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What is the percentage of attendance at the young person's educational placement?

\_\_\_% D/K ☐ N/A ☐

Has the young person noticed an improvement in his or her behaviour?

Yes ☐

No ☐

Have the parents/carers noticed an improvement in the young person's behaviour?

Yes ☐

No ☐

Are you aware of any further anti-social behaviour/offending since the intervention plan began?

Yes ☐

No ☐

Provide dates and details of the behaviour and any new enforcement measures or applications that may have been carried out.

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Re-score the following sections based on your current knowledge of the young person (between 0 = not associated and 4 = very strongly associated):

	Rating		Rating
1. Living arrangements	<input type="text"/>	7. Physical health	<input type="text"/>
2. Family and personal relationships	<input type="text"/>	8. Emotional and mental health	<input type="text"/>
3. Statutory education	<input type="text"/>	9. Perception of self and others	<input type="text"/>
4. Neighbourhood	<input type="text"/>	10. Thinking and behaviour	<input type="text"/>
5. Lifestyle	<input type="text"/>	11. Attitudes to offending	<input type="text"/>
6. Substance misuse	<input type="text"/>	12. Motivation to change	<input type="text"/>
		<b>Total score from sections 1–12 (max 48)</b>	<input type="text"/>

### Evidence

Provide evidence of any changes in your assessment of the young person (for example, positive outcomes relating to the work done with the young person, changes in circumstances)

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

Yes ☐ No ☐

Details (if applicable)

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### Closure of case

Describe any work that was not done during the intervention, including work that still needs to be done by other agencies and referrals that need to be made. Provide reasons and evidence for these.

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Assessor's name: \_\_\_\_\_ Date: \_\_\_\_\_