**Cleveland Police Early Intervention**

Cleveland Police Early Intervention Coordinator provides one to one intervention sessions to challenge and support young people who are embarking on behaviours which are or could lead to criminal and or Anti- Social behaviour.

Sessions provide information on the law, the sanctions connected to their behaviour and wider consequences, sessions include a focus on victim impact.

Referrals are received via a one page word document parental consent form, they are received from many diverse sources including the Local Authority, Fire, Early Help, Schools, internal Police referrals and from parents themselves

Typical venue in school setting to challenge and support individual young people

Please note an additional Intervention around Peer on Peer Abuse – Unwanted attention, sexualised behaviour or comments towards other young people is now provided

The key theme topics include but are not limited to the following as bespoke themes can be developed:

Age Range 9 to 14 Years 
The young person must not have been reported or arrested previously 
The YP must not be working with or previously working with The Youth Offending Service
The behaviour must not be identical to any Police Early Intervention sessions previously provided to the YP



A picture containing text

Description automatically generated

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | |
| DOB: | | |  | | | | | |
| Declared gender: | | |  | | | | | |
| Declared ethnicity: | | |  | | | | | |
| Address: | | |  | | | | | |
| Parent/Carer’s name: | | | PRINT:  Signature or indication whether verbal consent has been given:  *I give consent for the child/young person named above as the participant to engage with the Early Intervention Team.* | | | | | |
| Parent/Carer’s phone number: | | |  | | | | | |
| Referrer’s name, job title and contact details: | | |  | | | | | |
| School/Educational setting: | | |  | | | | | |
| GP details | | |  | | | | | |
| Early help/social care contact *(If not open have you considered a referral?) Please give details* | | |  | | | | | |
| Other agencies (including contact details) | | |  | | | | | |
| Please tick if any of the following currently apply (**or have previously**) to the young person being referred: | | | | | | | | |
| Open to this service (Police Early Intervention) | | Open to VEMT/CET | | | Open to Youth offending (YOT/YOS) | | Has been arrested/is under investigation | |
|  | |  | | |  | |  | |
| Intervention required (please highlight/circle) | | | | | | | | |
| Knife | Let’s Get Along (anger/  assault) | Internet safety | | Hate crime | Peer on peer abuse (sexual harassment/  assault) | Theft | County Lines | Other |
| Reason for intervention (please include as much detail as possible) | | | | | | | | |
|  | | | | | | | | |
| Are there any safeguarding concerns and have these been addressed/shared with children’s services? Please detail below. | | | | | | | | |
|  | | | | | | | | |
| Are you aware of any crimes that have been or could be at risk of being committed and has this been shared with Police? If internal please give job number. | | | | | | | | |
|  | | | | | | | | |
| *Please email completed form with relevant signatures to* [*Graeme.Small2@cleveland.pnn.police.uk*](mailto:Graeme.Small2@cleveland.pnn.police.uk)  *Information stored by Cleveland Police and partner agencies will adhere to GDPR. You have the right to withdraw consent.*  *Should you wish to withdraw consent then please e-mail the above address.* | | | | | | | | |



**Early Intervention Referral**