

ANTISOCIAL BEHAVIOUR - INITIAL ENQUIRIES CHECKLIST

AGENCY/SERVICE	INVOLVED (YES/NO)	CONTACT NAME	RELEVANT INFORMATION (E.g. Subject was offered, but has refused support or a service)
SOCIAL WORK (ADULT SERVICES)			
SOCIAL WORK (CHILDREN & FAMILIES TEAM)			
CRIMINAL JUSTICE			
POLICE			
BRIDGES PROJECT (Contact Bridges Co- ordinator)			
YOUTH SERVICES (Contact Team Leader)			
LOCAL SUPPORT CO- ORDINATOR Young person up to 20 years old (Contact Senior LSC)			
CHILDRENS REPORTER Young person up to 16 or between 16 and 18 and subject to a Supervision Requirement			
ARREARS SECTION Council Tenant – check rent arrears			
HOUSING Council Tenant – check applications to buy/move.			
ENVIRONMENTAL HEALTH			
EDUCATION Pupil at Local Authority School. (Contact relevant Quality Improvement Officer)			

<p>COMMUNITY MENTAL HEALTH TEAM Only where concerns re mental health</p>			
<p>OTHER AGENCIES</p>			

<p>FORMAL SUPPORT PLANS IN PLACE?</p>	<p><u>Single Shared Assessment</u></p>	<p><u>Integrated Assessment Framework</u></p>	<p><u>Co-ordinated Support Plan</u></p>
	<p>YES/NO</p>	<p>YES/NO</p>	<p>YES/NO</p>
<p>KEY WORKER OR MONITORING OFFICER</p>			

OTHER RELEVANT INFORMATION

