

Young Hackney Prevention & Diversion Assessment



Date:	
OOCD:	

Personal details

Name of Young Person:	Diversity Consideration:	PNC & Childview & Mosaic IDs:	
	Age: Ethnicity: Gender: Religion: Sexuality: Nationality: Legal Status:		
SEN Learning Needs / EHCP:	EHCP:	Accommodation:	Other professionals: (E.g YH/LAC/CIN or others)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Suitable <input type="checkbox"/> Not suitable <input type="checkbox"/>	
Victim:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Suitable for RJ:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Address/ Post code:		Name of School / College / other ETE establishment or state if NEET: please state if full/part time
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Name(s) of Parent/Carer:		
Parent(s) Contact Number/Email:		Young Person Contact Number/Email:

	Comments/strengths My/Parents View	Comments/strengths My workers View
<p>What are you like? Who are you & what is important to you? How do you identify? Think about values/beliefs/ culture, religion. 'race', sexuality, food, music How would others describe you?</p> 		
<p>How is school/college? Can you tell me about your Attainment, attendance/behaviour, relationships with staff/students?</p> 		
<p>Have you ever had to leave school or been excluded? How long for? What happened?</p>		



Getting in trouble (offending) What happened? How do you feel about it? Can you tell me about a time you may have come to the attention of the Police before?



Have you ever gone missing? How often? How long for? What was that like for you?



Friends and people around you. What kind of influence do your friends have on you? Positive/negative influence



How do you get on with others in your life?
(relationships i.e. friendships, intimate, adults/peers)



What is your family like?



How do you see your health?
What do you do to keep healthy? What health problems do you face now and/or in the past?
How does it affect your lifestyle?



How do you feel inside?
Emotions, feelings
about yourself/others/
situations etc. How do
your feelings influence
your behaviour &
relationships?



Do you use drugs or
alcohol (drinking or
smoking)? What about
your friends?
What do you know
about drugs and alcohol
use?



What is it like where you
live? Are there activities
to enjoy? Do you feel
safe? Do you feel like
you belong?



What is your understanding of Racism? Can you tell me about a time you have experienced or witnessed direct/indirect/Institutional Racism? (Places, People, School, Police, Government treat people differently because of their 'race')?

What is your understanding of discrimination? Can you tell me about a time when you have experienced or witnessed discrimination (people are treated differently because of their age, 'race', sexuality, gender, religion or disability)?



Is there anything I haven't asked you that you think I need to know about or that you would like to share with me?

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<p>Do you think you will get in trouble with the police again in the future?</p>  	<p>No <input type="checkbox"/></p>	<p>Maybe <input type="checkbox"/></p>	<p>Probably <input type="checkbox"/></p>	<p>Definitely <input type="checkbox"/></p>
<p>Can you tell me more about that?</p> <p>Worker view: Risk of further-offending:</p>				

Do you feel safe and well at home?



Yes

A bit

Not much

Not at all

Do you feel safe and well in the community where you live?



Yes

A bit

Not much

Not at all

Do you feel safe and well at school?



Yes

A bit

Not much

Not at all

Do you feel safe and well with your friends?



Yes

A bit

Not much

Not at all

Do you feel safe and well with your own feelings and emotions?



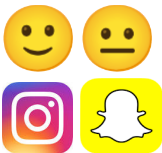
Yes

A bit

Not much

Not at all

Do you feel safe and well when you go online?



Yes

A bit

Not much

Not at all

<p>Overall is there risk (something bad could happen) to my safety and wellbeing:</p> <p>Overall does my worker think there is risk to my safety and wellbeing:</p>	<p>Low risk <input type="checkbox"/></p> <p>Low risk <input type="checkbox"/></p>	<p>Medium risk <input type="checkbox"/></p> <p>Medium risk <input type="checkbox"/></p>	<p>High risk <input type="checkbox"/></p> <p>High risk <input type="checkbox"/></p>	<p>Very High risk <input type="checkbox"/></p> <p>Very High risk <input type="checkbox"/></p>
<p>How much do we agree (please highlight)</p>	<p>Agree.....Mostly Agree.....Disagree</p>			
<p>Can you tell me more?</p> <p>Worker view: Safety & Wellbeing;</p>				
<p>Is it possible that someone else could be harmed by your actions in the future?</p> <p>Overall does my worker think someone could be harmed by my actions in the future:</p>	<p>No (low) <input type="checkbox"/></p> <p>No (low) <input type="checkbox"/></p>	<p>Maybe (medium) <input type="checkbox"/></p> <p>Maybe (medium) <input type="checkbox"/></p>	<p>Probably (high) <input type="checkbox"/></p> <p>Probably (high) <input type="checkbox"/></p>	<p>Definitely V high <input type="checkbox"/></p> <p>Definitely V high <input type="checkbox"/></p>
<p>How much do we agree? (please highlight)</p>	<p>Agree.....Mostly Agree.....Disagree</p>			
<p>Can you tell me more about that?</p>				

Worker view: Risk of Harm:

What needs to happen now to keep myself and others safe:

Conclusions and Recommendations: Based on what we have spoken about in this assessment what are the main things you would like to discuss more or work on in our intervention?

We are going to work on:

Young Person View of Assessment:

Young Person's View of the Out of Court Programme:

Does this decision feel fair to me: Very fair.....x.quite fair.....not fair

How ready am I to start the programme: Very Ready.....x.A bit ready.....not ready

Name of Young Person:		Signature:		Date:	
Name of Young Hackney professional:		Signature:		Date:	

Team Leader name:		Signature:		Date:	
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This assessment was completed at a time when, due to a cyber attack on the Council's ICT systems, the service were unable to access the mosaic recording system – any decision or assessment made during this period may therefore not be informed by all previous information held on the child