



## Young Hackney Prevention & Diversion Assessment


<b>Date:</b>	
<b>OOCD:</b>	




### Personal details

Name of Young Person:	Diversity Consideration:	PNC & Childview & Mosaic IDs:	Sources of information: (tick as appropriate)
	<b>Age:</b> <b>Ethnicity:</b> <b>Gender:</b> <b>Religion:</b> <b>Sexuality:</b> <b>Nationality:</b> <b>Legal Status:</b>		<b>Education</b> <input type="checkbox"/> <b>Internal systems mosaic/CV</b> <input type="checkbox"/> <b>Speech &amp; Language</b> <input type="checkbox"/> <b>Police (141A)</b> <input type="checkbox"/> <b>CFS professional</b> <input type="checkbox"/> <b>Young Hackney professional</b> <input type="checkbox"/> <b>Clinical Services/CAMHS</b> <input type="checkbox"/> <b>Other (please specify)</b>
SEN Learning Needs / EHCP:	EHCP:	Accommodation:	Other professionals: (E.g YH/LAC/CIN or others)
	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Suitable</b> <input type="checkbox"/> <b>Not suitable</b> <input type="checkbox"/>	

<b>Victim:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Suitable for RJ:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

	<b>Comments/strengths My/Parents View</b>	<b>Comments/strengths My workers View</b>
<p>What are you like? Who are you &amp; 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>What is going well in your life? What would other people say about</p>		

<p>that? What are your goals and aspirations? What motivates 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> 		
<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?</p>		



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)



<p>What is your family like?</p> 		
<p>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?</p> 		
<p>How do you feel inside? Emotions, feelings about yourself/others/situations etc. How do your feelings influence your behaviour &amp; relationships?</p> 		
<p>Do you use drugs or alcohol (drinking or smoking)? What about your friends? What do you know about drugs and alcohol use?</p>		



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 (Low) <input type="checkbox"/></p>	<p>Maybe (Medium) <input type="checkbox"/></p>	<p>Probably (High) <input type="checkbox"/></p>	<p>Definitely (Very High) <input type="checkbox"/></p>
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Can you tell me more about that?

Worker view: Likelihood of further-offending:



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?



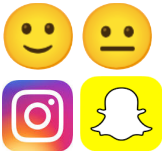
Yes

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 &amp; Wellbeing (including vulnerability factors):</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>

<b>How much do we agree? (please highlight)</b>	<b>Agree.....Mostly Agree.....Disagree</b>
<b>Can you tell me more about that?</b>  <b>Worker view: Risk of Harm:</b>  <b>What would this harm look like and how serious would it be?</b>	
<b>What needs to happen now to keep myself and others safe:</b>	
<b>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?</b>  <b>We are going to work on:</b>	

<b>Young Person View of Assessment:</b>

**Data Protection and confidentiality:**

The Data Protection Act 2018 and the General Data Protection Legislation govern the information we hold. This includes what information we hold, how we hold it and who we share it with. We would only share information about you when it is necessary. For example:

- Talk to another professional in the service about your needs to develop an appropriate support package
- Talk to another agency (for example your school) that we are working with to help meet your needs

There are a few situations when we would have to tell someone, even without your permission. These are: To prevent a crime taking place either now or in the future  
If there is a risk of harm to you or others

**Your Rights:**  
You have a right to be told what data we process about you, for what reasons, who we share it with, and how long we will do this for. You have a right to be informed how to complain.  
You have a right to access information we hold about you through a subject access request (please speak with your worker)  
You have a right to have information corrected or completed if incomplete

**I (insert name) confirm that I understand about data protection and my rights**

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

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

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

<b>Name of Young Person:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Name of Young Hackney professional:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Team Leader name:</b>		<b>Signature:</b>		<b>Date:</b>	

