

**Targeted Support For Young People (TS4YP)**



Name of Young Person:.....

**Personal Development Plan  
&  
Paperwork Record**



## TARGETED SUPPORT FOR YOUNG PEOPLE

Introductory Contact Form						
<b>Name of Young Person:</b>						
<b>Name of Youth Worker:</b>						
<b>Initial contact details:</b>						
<b>Initial session date:</b>			<b>Session time:</b>			
<b>Does the young person wish to engage for future sessions? YES <input type="checkbox"/> NO <input type="checkbox"/></b>						
<b>If NO (young person does not wish to proceed with support) please give details</b>						
<b>Date:</b>						
<b>Signature of Youth Worker:</b>						
<b>If YES please confirm the following details with the young person:</b>						
<b>Date of Birth:</b>	<b>DAY</b>	<b>MONTH</b>	<b>YEAR</b>	<b>YEAR</b>	<b>YEAR</b>	<b>YEAR</b>
<b>SEN/Disability</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>					
<b>Category:</b>	<b>NEET</b> <input type="checkbox"/>	<b>RONI</b> <input type="checkbox"/>	<b>CARE</b> <input type="checkbox"/>	<b>EOC</b> <input type="checkbox"/>	<b>OTHER</b> <input type="checkbox"/>	
<b>Ethnicity</b>						
<input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Other <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – Other <input type="checkbox"/> Chinese or Other Ethnic Group Chinese <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Mixed – White and Asian			<input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Mixed – Other Mixed Background <input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> White – Other White <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Other Ethnic Group – Arab <input type="checkbox"/> Refused			
By filling in this form you have given your consent for this information to be collected, processed and be held on a secure database to be used only by Warwickshire County Council, for the purpose of maintaining and improving the level of service given for young people within Warwickshire. Data will always be processed fairly and lawfully, and will only be disclosed in accordance with the Data Protection Act 1998.						



## RISK IDENTIFICATION & MANAGEMENT

Name of Young Person:	Name of Worker:

Risk Categories (Tick areas that apply)	Risks Identified	Likelihood How likely is the risk to present during contact with YP?	Severity How severe will the harm be should the identified risk occur?	Impact Areas Is the risk relevant to 12+ working, travel, and/or activities/public spaces
<input type="checkbox"/> <b>Risk to Self</b> Suicide attempts; self-harm, neglect, absconds or runaway attempts etc.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
<input type="checkbox"/> <b>Risks to Others</b> Violence, verbally abusive inappropriate behaviour etc.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
<input type="checkbox"/> <b>Mental &amp; Physical Health</b> Depression, anxiety, ADHD or ODD, Health conditions e.g. epilepsy, disabilities etc.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
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		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
<input type="checkbox"/> <b>Substance Misuse</b> Know use of volatile substances e.g. may attend session under the influence		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
<input type="checkbox"/> <b>Demographic</b> At risk due to age, sex, gender, gender identity, ethnicity or cultural factors, etc.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
<input type="checkbox"/> <b>Protection from Abuse</b> Know child protection plan, risk of exploitation, history of abuse etc.		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	121 <input type="checkbox"/> Travel <input type="checkbox"/> A/P <input type="checkbox"/>

**Risk Management measures to be put in place:** (e.g. gender specific worker/1-2-1 Work only/leave or discontinue work if under the influence substances, etc.)

For 1-2-1 Work:

For Travel & Pick Ups:

For Activities and Public Places:

**Other agencies involved:** (name & contact info of other agencies involved with YP, i.e. Youth Justice, FIP, CAMHS, etc.)

☐ Risk Assessment Requested from referring agency/other agencies?

☐ Risk Assessment Received?

<b>Completed By:</b>	
<b>Date:</b>	

# FORM OSA2 (2016) (Young Person)

Warwickshire County Council - Consent to Activity, Medical Details and Treatment Form

Name of Young Person.....

Date of Birth..... Male ☐ Female ☐

Home address: .....

.....

Telephone number: .....

Visit to: .....

From: ..... (Date) To: ..... (Date)

Emergency contacts.

1) Name..... Relationship .....

Home..... Mobile.....

2) Name..... Relationship .....

Home..... Mobile.....

Name, address and telephone number of own doctor (GP) .....

.....

Does he/she suffer from: asthma, chest complaints hay fever, migraine, fits or faints, travel sickness, diabetes, attention deficiency, hyperactivity or any other condition, illness of disability?

If so, please give details:

.....

.....

Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug)

If so, please give details.

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)

.....

Are there any activities in which they should not participate? .....

.....

.....

.....

Date of anti-tetanus injection (if known).....

Is there any other relevant information which the party leader should be aware of? .....

.....

.....

Please indicate any special food or dietary requirements where applicable:

.....

I wish my child to take part in the journey/activities\* and, having read the information provided, agree to them taking part in any or all of the activities described.

Name (Please print)..... Signature..... Date.....

Name (Please print)..... Signature..... Date.....

\* All journeys and activities carry some amount of risk.

## CONSENT TO MEDICAL TREATMENT

I, ..... (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.  
I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP, if circumstances are deemed necessary and appropriate.



## CONSENT FOR INFORMATION SHARING TO SUPPORT THIS REFERRAL

### How your information may be used

We work with partners to provide you with public services. To do this, we may need to share your information. We will do this in a way that protects your privacy.

We are under a duty to protect public funds. We may use any of the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies that are responsible for auditing or administering public funds.

Please let us know when any of your contact details change. You have the right to know what information we hold about you and we try to make sure it is correct.

If you would like further information visit our website:

[www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy)

or contact our Customer Service Centre at:

Warwickshire County Council, Shire Hall, Warwick, CV34 4RL

Telephone: 01926 410410

I /we understand the information that is recorded will be used for the purposes of providing services to me /my family / young person for whom I am the parent or carer. Warwickshire County Council will only share information if you have consented to it or if we consider you or someone else may be at risk.

I have been assured that I will be told which agencies are involved in my assessment.

I give consent to the following agencies being contacted about this assessment (please list agencies). You can change this later if you wish.

List of Agencies:

List of Agencies / People who cannot be contacted

Parent / Carer Name:  
(If appropriate)

Signature:

Date:

Child / Young Person Name:  
(If appropriate)

Signature:

Date:

## **TAKING PHOTOGRAPHS AND RECORDING FILM IMAGES OF CHILDREN AND YOUNG PEOPLE**

### **Parent/carer Consent form**

Targeted Support for Young People (TS4YP) recognises its responsibility to ensure the welfare and safety of children and young people. We use photographs and film for a number of reasons. The main purpose is to celebrate children and young people's successes. Photographs of children/young people enjoying activities may be used on display boards, plasma screens and on our website. Photographs and film will only be recorded and stored on setting owned equipment and will be subject to our image destruction policy.

Additionally your child's image may be used outside of the setting/project/organisation. Common instances may involve promotion of the setting/project/organisation to the local community or in competitions. Images may appear in publications or channels used by the local authority or the media e.g. print, internet. In order to comply with the Data Protection Act 1998 a lawful basis is required before capturing images of a child. Your child's identity will not be disclosed without your consent and only if the photograph is used to celebrate individual success.

I give consent for you to record and use images of my child in the following ways:

	Please tick	Yes	No
Displays within the setting/project			
Website (this will include information about the project and will show visits, trips and activities, young people's successes).			
Setting and local authority social media sites e.g. Twitter, Facebook, YouTube			
Images made available to purchase via a restricted website, subject to a secure password e.g. photos taken in setting by professional photographer, arranged by setting			
General publicity (not press or broadcast media) (includes use by the local authority and for training purposes)			
Use by the press and other broadcast media			

### **N.B. The website is accessible to the general public**

Name of child:	Age:
Relationship:	Print name:
Signature:	Date:

Targeted Support for Young People (TS4YP) will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, please contact the setting or your local children's social care team to report these concerns. Consent is for one calendar year as stated above. However, you do have the right to withdraw consent at any time. To withdraw consent please contact Targeted Support for Young People (TS4YP).

## Staff Transportation - Parental Consent Form

Please sign below to give your permission for your son/daughter to be a passenger in a vehicle that is owned, maintained and driven by a member of staff employed by Warwickshire County Council (WCC). All staff are issued with guidelines; Transporting Children and Young People Safely (a copy is available on request).

Date(s) of journey:

Destination:

I give permission for my son/daughter to travel in a vehicle driven by a member of staff employed by WCC on the date and to the destination shown above.

Print Name .....

Signature.....

Date.....

**Please return this form to Targeted Support for Young People (TS4YP)**





# THE SEVEN SKILLS EXPLAINED

SKILLS GUIDE  
PART 1

## A QUICK NOTE ON THE SKILLS...

SOME PEOPLE BELIEVE YOU ARE BORN WITH FIXED SKILLS AND TALENTS. BUT THIS ISN'T TRUE. ANYONE CAN GROW THEIR ABILITIES! YOU ONLY REALLY NEED TWO THINGS - A BIT OF EFFORT AND THE OPPORTUNITY TO PRACTISE THEM!

## MY OWN GOAL...

THIS ONE IS FOR YOU TO PICK SOMETHING, ANYTHING THAT'S IMPORTANT TO YOU AND THAT YOU WANT TO MAKE PROGRESS ON

## COMMUNICATING

IS YOUR ABILITY TO COMMUNICATE WITH OTHER PEOPLE, THINGS LIKE EXPLAINING, EXPRESSING, PRESENTING, PERSUADING, QUESTIONING, LISTENING & UNDERSTANDING

## FEELING & ACTING CONFIDENT

IS ABOUT RELYING ON YOURSELF, YOUR SELF-ESTEEM AND SELF-BELIEF; NOT JUST FEELING LIKE YOU CAN SHAPE YOUR OWN LIFE, BUT ACTING LIKE IT TOO

## SOLVING PROBLEMS

IS YOUR ABILITY TO IDENTIFY PROBLEMS AND SET GOALS FOR YOURSELF, AND THEN PLAN, MAKE DECISIONS, GET RESOURCES AND STICK TO A COURSE OF ACTION THAT LETS YOU ACHIEVE THAT SOLUTION OR GOAL

## RELATING TO OTHERS

IS YOUR ABILITY TO GET ON WITH PEOPLE, LIKE WORKING IN A TEAM, BUILDING POSITIVE RELATIONSHIPS, EMPATHISING AND BEING ABLE TO MANAGE CONFLICTS

## CREATING

IS YOUR ABILITY TO IMAGINE NEW WAYS OF DOING THINGS. APPLY SKILLS YOU'VE LEARNED IN NEW SITUATIONS, TRY OUT ALTERNATIVES AND BE OPEN TO NEW IDEAS

## GRIT & BOUNCING BACK

GRIT IS YOUR ABILITY TO STICK TO A COURSE OF ACTION. EVEN IF THINGS GET TOUGH. BOUNCING BACK IS YOUR ABILITY TO BOUNCE BACK AND RECOVER FROM SETBACKS AND DISAPPOINTMENTS

## MANAGING FEELINGS

IS YOUR ABILITY TO HANDLE EMOTIONS YOU FEEL AND BEHAVIOURS THEY CAUSE, BY UNDERSTANDING HOW YOU FEEL AND WHY, AND WHAT YOU CAN DO ABOUT IT

## AND REMEMBER...

THESE SKILLS SHOULD BE USEFUL TO YOU, SO WE'LL WORK ON THE ONES THAT YOU THINK WILL BE THE MOST USE TO YOUR LIFE AND YOUR OWN GOALS, RIGHT NOW!

# WHAT STEP ARE YOU ON TODAY?

SKILLS GUIDE  
PART 2

10

## I'M DOING IT (LIKE A NINJA...)

THIS IS TOTALLY ONE OF MY STRENGTHS AND I HAVE MASTERED THIS. I CAN RELY ON THIS SKILL WHEN TIMES ARE TOUGH

9

## I'M DOING IT

I AM REALLY GOOD AT THIS, I ONLY NEED A LITTLE SUPPORT IF ANY

8

## I WILL DO IT

I WILL DO IT AND FEEL CONFIDENT TOO

7

## I CAN DO IT

I CAN DO IT AND I KNOW WHERE TO USE THIS SKILL

6

## I'LL TRY TO DO IT

I KNOW WHAT THIS SKILL IS AND I AM USING IT NOW

5

## I'LL LEARN TO DO IT

I STILL NEED SUPPORT BUT I AM GOING TO DEVELOP

4

## HOW DO I DO IT?

I KNOW THIS SKILL IS TRICKY BUT I KNOW I AM READY TO IMPROVE

3

## I WANT TO DO IT

I STRUGGLE BUT I THINK I CAN DO BETTER

2

## I CAN'T DO IT

THIS IS REALLY HARD BUT I WANT THIS TO CHANGE

1

## I WON'T DO IT

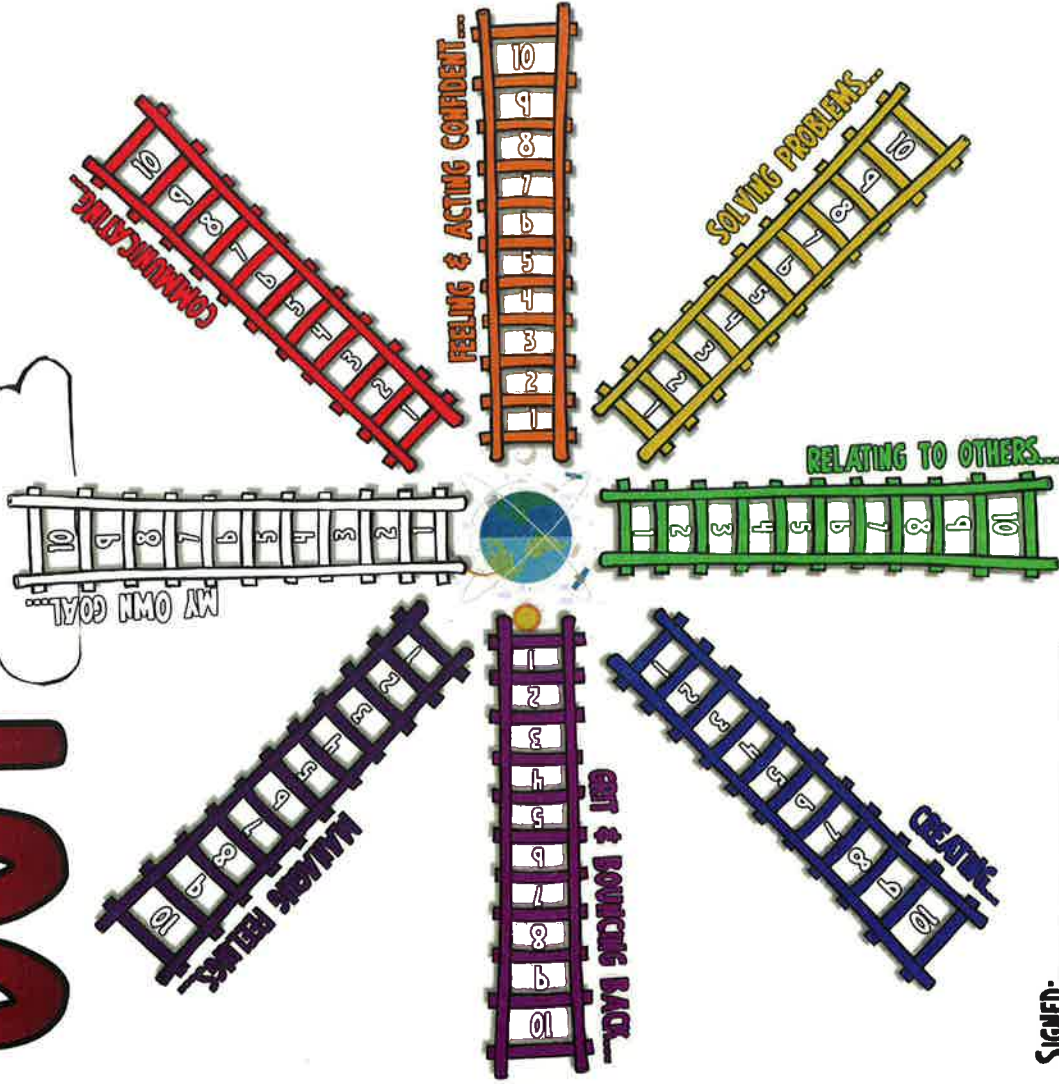
I FIND THIS SKILL DIFFICULT BUT IT DOESN'T MATTER





NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# STARTING OUT



STARTING OUT: YOUR SKILLS		YOUR SCORES
MY OWN GOAL:		
COMMUNICATING		
FEELING & ACTING CONFIDENT		
SOLVING PROBLEMS		
RELATING TO OTHERS:		
CREATING:		
GRIT & BOUNCING BACK:		
MANAGING FEELINGS:		

SIGNED: \_\_\_\_\_





## Action Plan

Skill Area	Goal	Smart Actions	By who?	By when? (date)

Signatures:

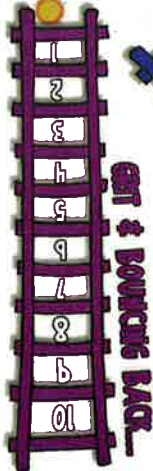
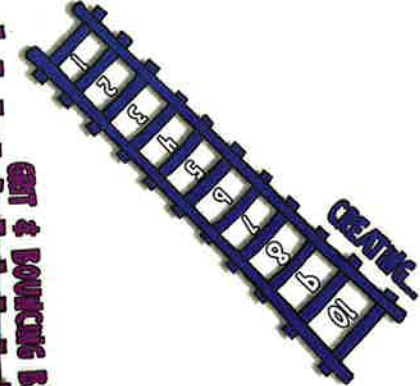
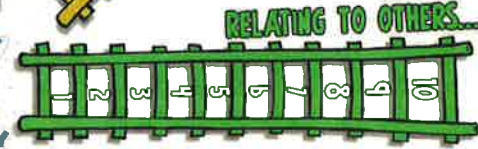
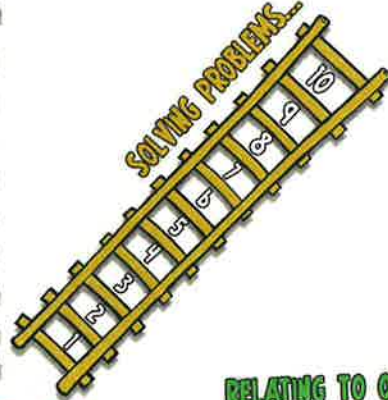
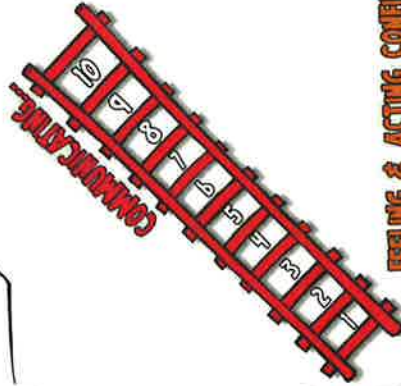
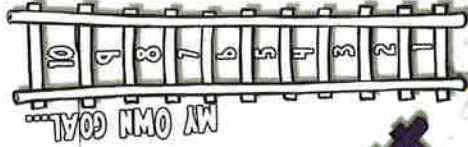
Young person \_\_\_\_\_ Date \_\_\_\_\_ Youth Worker \_\_\_\_\_ Date \_\_\_\_\_



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# MOVING ON



## MOVING ON: YOUR SKILLS

### YOUR SCORES

MY OWN GOAL:	
COMMUNICATING	
FEELING & ACTING CONFIDENT	
SOLVING PROBLEMS	
RELATING TO OTHERS:	
CREATING:	
GRIT & BOUNCING BACK:	
MANAGING FEELINGS:	

SIGNED: \_\_\_\_\_



## Action Plan

Skill Area	Goal	Smart Actions	By who?	By when? (date)

Signatures:

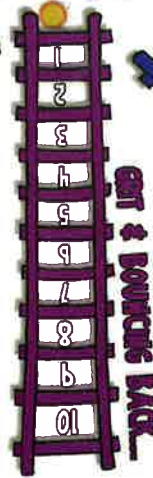
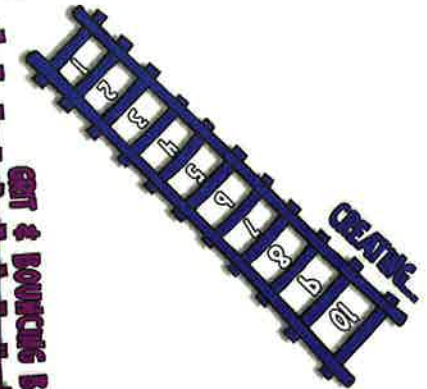
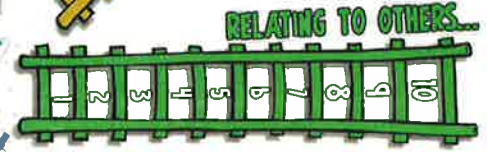
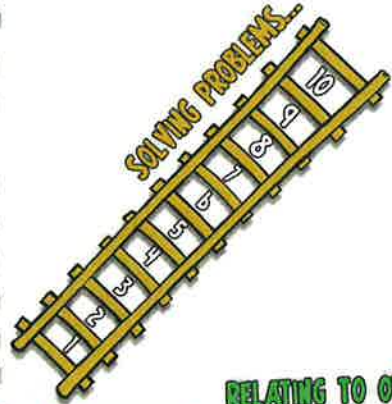
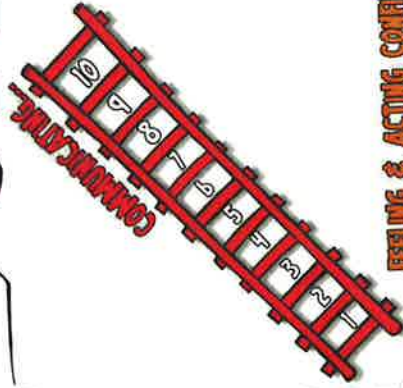
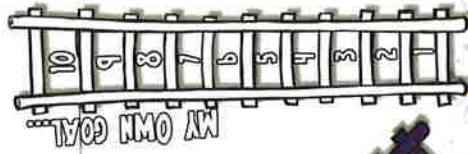
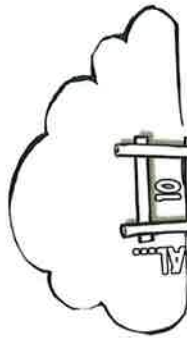
Young person \_\_\_\_\_ Date \_\_\_\_\_ Youth Worker \_\_\_\_\_ Date \_\_\_\_\_



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# FLYING OFF



## FLYING OFF: YOUR SKILLS

### YOUR SCORES

MY OWN GOAL:

COMMUNICATING

FEELING & ACTING CONFIDENT

SOLVING PROBLEMS

RELATING TO OTHERS:

CREATING:

GRIT & BOUNCING BACK:

MANAGING FEELINGS:

SIGNED: \_\_\_\_\_












## TARGETED SUPPORT FOR YOUNG PEOPLE

### YOUNG PERSONS FEEDBACK FORM

Please tick one box per row to show your response to each statement, from strongly agree through to strongly disagree. Your responses are kept confidential and will be used to help us improve the work we do with young people. **Thank you.**

						
		<b>Strongly agree</b>	<b>Agree</b>	<b>Not sure</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1	I was given enough information about my 1-2-1 before it started					
2	The information was easy to read and understand					
3	My youth worker supported and listened to me					
4	I was treated equally & fairly					
5	I met with my youth worker about the right number of times					
6	The timing of not meeting up any more was about right					
7	My 1-2-1's have helped me value myself more as a person					
8	My 1-2-1's have helped me reach my goals					
9	I can deal with problems better than I used to					
10	I could ask my youth worker anything I needed					

<b>What have you learnt to do differently?</b>	
<b>What would you like to have been different about the 1-2-1's?</b>	
<b>Any other comments:</b>	
<b>Date:</b>	
<b>Young Person's signature:</b>	
<b>Print name:</b>	

<b><u>YOUTH WORKER/REFERRER EVALUATION</u></b>			
<b>Name of Young Person</b>		<b>Name of Worker</b>	
<b>Date started</b>		<b>Date of Exit meeting</b>	
<b>Person/Agency who referred young person</b>		<b>Total no. of 1-2-1 sessions</b>	
Brief synopsis of actions and key outcomes          			
Feedback given to initial referrer?		YES / NO	
Any follow up work planned          			
Comments from initial referring Agency          			
Case Study?		YES / NO	

