

**HeadStart Hull**

***Building resilience with children and young people***

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**HeadStart Hull**

## Checklist to identify if additional support is needed for a Young Person (and/or their parents)

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## The HeadStart Hull Checklist was developed in partnership with schools, youth providers and VCS organisations

The majority of young people aged 10-16 will be able to cope with life’s challenges through existing support structures, information and skills and protective factors that they have developed at home, within their schools, and in the community. Low level support is also provided through HeadStart Hull and other initiatives (e.g. youth services) at a Universal and Universal Plus level which are open access and do not need a referral. However, some young people and/or their families will need additional support which your organisation or other universal services can’t provide.

This HeadStart Hull checklist tool should be used to assess the emotional health and well-being needs of children and young people aged 10-16 **before** requesting support from Targeted/Targeted Plus projects.

All HeadStart Hull services are part of Early Help, but not all Early Help services are part of HeadStart Hull.

If a young person’s needs relate mostly to their emotional well-being, then it’s likely that HeadStart Hull services will be able to meet their needs. However, if a family is dealing with a range of issues and has more complex needs, then it’s likely that you’ll need to complete the Early Help referral form.

You don’t need to complete an EHASH form in order to request HeadStart Hull targeted/targeted plus services. However if through discussions with the young person/family you identify that the issues do not relate to emotional health or the young person is outside of the HeadStart Hull age range the HeadStart Hull checklist includes all the information requested in the Early Help (EHASH) form.

For children and young people outside of this age group or where the issue is not related to emotional health but needs support from early help or safeguarding, please refer to EHASH on 01483 448879 or email EHASHgc@hullcc.gcsx.gov.uk

Before using this checklist tool, staff should have undertaken a HeadStart Hull briefing to ensure there is consistency in how additional support is requested. If you or others in your organisation have not accessed a briefing, please contact HeadStart Hull (01482 615707) or email headstarthull@hullcc.gov.uk to find out more about the availability of briefing sessions or to request one for your organisation.

Please note: In order to access HeadStart Hull additional support the young person must live or study in Hull.

**Guide for completing the HeadStart Hull Checklist to request additional support.**

1. **Everything starts with the young person**; the first step is to complete the Request for Additional Support Checklist with (or on behalf of) the young person/family and gain their consent to refer if appropriate. This will help you:

* identify the specific challenges the young person (or family) are experiencing
* identify the risk factors that might also affect the young person (and their family)
* think about the protective factors that can help a young person deal with life’s challenges
* identify the resources that the young person (and family) already has to help them deal with these challenges
* think about what additional support you can provide as well as what additional Targeted/Targeted Plus support is needed.

We recommend that you try to complete as much of the ‘core information’ in section 1 if you already hold this data *before* meeting with the young person/family as this will save time. You should then complete the rest of the checklist tool and action plan in discussion with the young person (and parents/carers/colleagues if appropriate) using the items in it as prompts to explore the young person’s concerns/issues and to assess the level and urgency of need. This form **should not** be given to the young person or family to complete on their own.

1. Complete the Action Plan to identify what additional support is needed by the young person/family. This process will help you to identify;

* what more help you can offer at Universal/Universal Plus level – with or without support from other agencies
* which Targeted/Targeted Plus service(s) are most appropriate for the young person/their family
* what other support you can provide while the young person/family are awaiting the outcome of the request for additional support or while the support is in place.

**Always think about what more you can do to help the young person/family, even if they are accessing additional support they may still need support from your service.**

1. Refer to the list of HeadStart Hull services (section 7) to help you and the young person/family identify which service will best meet their needs. You may contact one or more of the projects for an informal discussion to explore options and help in decision making. It may be only the young person needs support. Equally the best way to support the young person may be indirectly, through improved parenting support. The young person doesn’t have to be accessing any services for the parent to.
2. Once you have identified the most suitable project to provide additional support for the young person (and/or parents/family) you can contact the project directly. Submit your Request for Additional Support electronically to the appropriate project and attach the completed checklist/action plan.
3. If referring to a HeadStart Hull service, please only send the form to a maximum of one young people’s project and one parent’s project. This project will contact the young person and/or family. If after further discussion a different HeadStart Hull service is needed then the service you have referred to will ensure the checklist is forwarded onto the appropriate service and the young person/family are contacted. They will also inform you as the referrer that this has occurred to ensure you know which service the young person/family are actually accessing.

**HeadStart Hull Checklist for Additional Support**

**Please complete all sections of the checklist.**

**If requesting support for a parent/carer, ensure you complete section 5.**

**Where you do not know the information and cannot obtain it from your systems or discussion with the young person/parent then please write – Not known.**

**Always ensure you have obtained consent from the young person/parent(s) before sharing the checklist with any of the HeadStart Hull services. Referrals cannot be accepted without consent.**

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| 1. **Core Information** |

**Information about the worker completing the checklist to make the initial referral**

|  |  |
| --- | --- |
| Name of worker |  |
| Job title/role |  |
| Organisation |  |
| Contact number |  |
| Contact email |  |
| For how long have you known the young person (approx.) and in what capacity do you work with them |  |
| Date checklist initially completed |  |
| Date request for additional support initially made to a HeadStart Hull project |  |
| HeadStart Hull service requested |  |

**Information about the young person**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact number |  |
| Gender |  |
| Date of Birth |  |
| School and year |  |
| If the child is in year 6 please specify which secondary school they will be transitioning to next academic year |  |
| Ethnicity |  |
| Number of siblings - and approximate ages and schools and whether they live at home or not |  |
| Any additional needs (e.g. any physical or learning disabilities, English not first language, other). Please specify including first language if not English. |  |
| Do you think the young person will benefit most from group or one to one interventions? Please specify only one option | Group / 1:1 |
| Does the young person regularly attend a youth club/ youth project?  If yes, specify which? |  |
| How have you obtained informed consent from the **young person** to share their information and make a request for additional support? | Yes(written) / Yes (verbal) |

**Information about the parents/carers**

|  |  |  |
| --- | --- | --- |
|  | Parent/Carer 1 | Parent/Carer 2 |
| Name |  |  |
| Gender |  |  |
| Relationship to young person |  |  |
| Do they have parental responsibility | Yes/No/Don’t know | Yes/No/Don’t know |
| Contact number for parent/ carer |  |  |
| Address of parent / carer (including postcode) if different from young person |  |  |
| Date of Birth |  |  |
| Ethnicity |  |  |
| Any additional needs (e.g. any physical/learning disabilities, mental health issues, English not first language, other) Please specify including first language if not English. |  |  |
| If appropriate, how have you obtained informed consent from the **parent/carer** to share information about the family and make a request for additional support? | Yes (written) / Yes (verbal) / | Yes (written) / Yes (verbal) |

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| 1. **Additional issues to consider** |

| **In the young person** | Please circle |
| --- | --- |
| Does the young person already have social care involvement? | Yes No |
| Is the young person a looked after child (LAC)? \* | Yes No |
| Is the young person involved with the Youth Justice Service? | Yes No |
| Is the young person already accessing CAMHS? \* | Yes No |
| Has the young person been identified as RONI (risk of becoming NEET (not in education, employment or training)) in year 9 or 10? | Yes No |
| Does the young person have any risks/concerns due to their language/ culture? | Yes No |
| Is the young person in or approaching a period of transition – e.g. moving to a new school/PRU/college/job? | Yes No |
| Does the young person have any known substance misuse issues? | Yes No |
| Is the young person already accessing Refresh (young people’s substance misuse service) | Yes No |

\*If the young person is possibly accessing CAMHS or is LAC you can still make a request for additional support but the HeadStart Hull project will need to discuss this with the young person/family and possibly the CAMHS worker/LAC social worker to ensure the support is appropriate as we would not expect a young person receiving interventions from CAMHS to be accessing HeadStart Hull services.

|  |  |
| --- | --- |
| **In the family** | Please circle |
| Is the parent/carer part of a family already accessing early help? | Yes No |
| Do any other children/young people in the family have social care involvement? | Yes No |
| Is there any known substance misuse in the family? | Yes No |
| Is there any known history of domestic abuse/DV in the family home? | Yes No |

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| 1. **Presenting issues for the young person** |

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| --- | --- |
| What is happening for the young person that you want HeadStart Hull to help address? Please summarise briefly the issues occurring which are a cause for concern. |  |
| For approximately how long has the issue/concern(s) been occurring? |  |
| Has anyone else expressed concerns about the young person?  Who? (e.g. family member, school, friends, other professional) |  |
| What is the young person’s view of the situation? What would the young person like support with? |  |
| What is the family’s view of the situation? What do they want support with for the young person or for the family as a whole and why? (if appropriate) |  |
| Have you discussed the types of additional support available through HeadStart Hull with the young person/family? Would they be willing to access this if referred? |  |

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| 1. **Young person’s risk factors and protective factors** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Factors** | Tick all  that apply | | | **Protective Factors** | Tick all that apply | | |
| In the Child/Young Person: | | | In the Child/Young Person: | | | |
| Low self-esteem, confidence, aspirations | |  | Good self-esteem, confidence, aspirations | | |  |
| Poor/deteriorating behaviour at home – e.g. disruptive, withdrawn, early signs of self-harm, observed increase in risk taking | |  | Hobbies and interests outside of the school or home | | |  |
| Body image issues | |  | Problem solving skills and a positive attitude | | |  |
| Lack of personal care/attention to appearance | |  | Experiences of success and achievement | | |  |
| In the family: | | | In the family: | | | |
| Lack of supportive family networks (no trusted adults) | |  | A close and supportive family/extended family with at least one trusted adult | | |  |
| Change(s) in family circumstances, e.g. family breakdown, decline in parental mental health, new parent/stepparent, new child in family | |  | Family support for education and attainment | | |  |
| Separation, bereavement, loss (friends, family, other). | |  | Family is aware of child’s fears/worries and are supportive | | |  |
| Financial worries, loss of tenancy/home, house moves, unemployment | |  | Parents/carers engage with the school | | |  |
| Domestic abuse in the family | |  |  | | |  |
| In the school: | | | In the school: | | | |
| Poor attendance at school | |  | Attends and engages well in school | | |  |
| Poor /worsening engagement or attainment in the school/classroom - dip in progress etc. | |  | Good/high achievement and attainment | | |  |
| Poor/worsening behaviour at school – disruptive, withdrawn, early signs of self-harm, increase in risk taking etc. | |  | Opportunities for young people to discuss any worries/concerns and receive support – e.g. Turn 2 Us, | | |  |
| Lack of support for young people’s emotional well-being in school | |  | A whole school approach to promoting good mental health is in place | | |  |
| Lack of friends/supportive peer networks at school | |  | Positive peer influences / supportive friends / siblings in school | | |  |
| Identified concern at transition – e.g. primary to secondary school, secondary to further education, employment or movement to a different school, Pru etc. | |  | A programme to ease/support transition is in place | | |  |
| Experiencing bullying (including physical, sexual, emotional, teasing, name calling) | |  | Additional support available in school to address bullying | | |  |
| Stress/exam stress | |  | Additional support available in school to address exam stress | | |  |
| Unable to identify a ‘trusted adult’ at school | |  | Identifies at least one trusted adult at school | | |  |
| In the community: | | | In the community: | | | |
| Doesn’t engage in community youth services or clubs | |  | Accesses/engages in youth services &/or other clubs/activities in the community | | |  |
| Poor/worsening behaviour in youth club/ provision – disruptive, withdrawn, signs of self-harm, etc. | |  | Identifies at least one trusted adult in the community | | |  |
| Poor / worsening behaviour in the community/ on the streets - anti-social behaviour, increase in risk taking | |  | Opportunities to talk to someone in the community about their worries/concerns, e.g. drop-ins, buddying etc. | | |  |
| Lack of supportive peer networks in the community | |  | Supportive friends/peers in the community | | |  |
| Unable to identify a ‘trusted adult’ in the community | |  | Identified at least one trusted adult in the community e.g. Youth worker | | |  |

Now, thinking about the overall balance of risk factors and protective factors for the young person…

**Are there more protective factors than risk factors?**

If yes, it should be possible to address the young person’s presenting issue(s) within their current support network (i.e. their family, school and/or community setting), or through improving access to services at a Universal or Universal Plus level. Remember, this may involve supporting the young person, or it could involve arranging/requesting additional support for the parent/carer.

**Are there more risk factors than protective factors?**

If yes, the young person may benefit from some additional support from Targeted/Targeted Plus services. This may involve providing support for the young person, or for their parent/carer or for both.

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| 1. **Presenting issues for the parents/carers** |

Sometimes the most effective way to support a young person is to ensure the parent has additional support, especially if many of the risk factors relate to the family. The following section can help identify support for parents of the young person. A young person does not have to be accessing a HeadStart Hull service for a parent to access a service.

|  |  |
| --- | --- |
| What is happening for the family that you want HeadStart Hull to help address? Summarise the issues which are a cause for concern. |  |
| For approximately how long has the issue/concern(s) been occurring? |  |
| Has anyone else expressed concerns about the family? If so, who? |  |
| What is the family’s view of the situation? What do they want to change for themselves and for their family? Would the young person benefit from increased support for their parents/carers |  |
| Have you discussed the types of additional support available through HeadStart hull and would they be willing to access this if referred. |  |

**Information about the parent/carer for whom you are requesting additional support**

Note – this should be at least one of the parent/carers listed in section 1

|  |  |  |
| --- | --- | --- |
| Name of family member (s) |  |  |
| Relationship to young person |  |  |
| Do you think the parent/carer will benefit most from group or one to one interventions? | Group / 1:1 | Group / 1:1 |
| Has the parent/carer consented to their information being shared in order for them to access additional support? | Yes(written) / Yes (verbal) | Yes(written) / Yes (verbal) |
| Has the parent consented to being referred for additional support? | Yes(written) / Yes (verbal) | Yes(written) / Yes (verbal) |

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| 1. **What additional support is needed** |

**Next Steps**

**Now complete the action plan and consider each of the following;**

* What help have you/your organisation already provided?
* What more help can you/your organisation offer? This maybe with the support of other Universal services or with additional training.
* If the young person requires additional support from HeadStart Hull, which service(s) are most appropriate for the young person (and/or their family)?
* What other support you/your organisation can provide or arrange for the young person/family while they are awaiting the outcome of the request for additional support from HeadStart Hull?

**Always think about what more you/your organisation can do to help the young person/family as well as what additional support maybe needed from HeadStart Hull services.** If you feel your organisation would benefit from training to undertake this please contact HeadStart Hull to discuss further.

Now, complete the following **ACTION PLAN** for the young person (and parents/carers if appropriate) and outline what / support you have already provided and what more you could do (with or without help from other agencies) You may also use it to track progress once additional support has been agreed.

|  |  |  |  |
| --- | --- | --- | --- |
| Please summarise | To be completed by: | | |
| the Initial Referrer | The service that received the initial referral | Subsequent services |
| What is happening in the young person’s life that they need help with? |  |  |  |
| What support have you provided so far? |  |  |  |
| What other support could you provide - (with help from other Universal/ Universal Plus services) |  |  |  |
| What HeadStart Hull service are you requesting for the young person |  |  |  |
| What HeadStart Hull service are you requesting for the parent/carer |  |  |  |
| Updates on progress |  |  |  |

The action plan should follow the young person/family. The HeadStart Hull service(s) that have provided support must return the action plan to the initial referrer at the end of the intervention.

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| 1. **HeadStart Hull Targeted/Targeted Plus services matrix** |

Below is a list of HeadStart Targeted and Targeted Plus services which can provide additional support to children and young people (and parents/carers), where appropriate. The suitability of the different services will depend on the needs of the young person, their age and their preferences in terms of 1:1 or group work and if they want to access support in school or in community. Once you decide which service or services would best meet the needs of the young person and/or their family you can contact them direct. You may contact more than one to discuss options or hold a team around the family meeting and invite several services to attend.

**TARGETED Services for Young People**

| **Service Title** | **Age appropriate** | **Approach to delivery** | **Setting** | **Presenting issues the project can address/ support** | **Availability (waiting time)** | **Contact details** |
| --- | --- | --- | --- | --- | --- | --- |
| Young People’s Peer Mentoring | 10-16 years (school year 6-11) | **One to one**  (Up to ten sessions) | In school or in community | * Bullying * Exam stress * Lack of peer networks * Lack of positive peer influences * Low self-esteem and confidence * Identified concern at transition from primary to secondary | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  21 days  (subject to mentor availability) | **Cornerhouse (Yorkshire)**  **Email:**  [peermentoring1@outlook.com](mailto:peermentoring1@outlook.com)  **Phone:** 01482 326513 |
| School-based Group Work | 11-15 years (school year 7-10) | **Group work**  Approximate size of group: 10-12  Number of sessions:  Group work is for one academic term  (Additional one to one support is available for those young people accessing the group work and their families if needed) | In school  (but delivered off site) | * Bullying * Ongoing stress * Body image issues (low level) * Low self-esteem and confidence * Lack of aspirations * Lack of problem solving skills * Lack of experience of success or achievement * Lack of trusted adults in school or community * Lack of wider supportive networks * Changes in behaviour at school/ in community – e.g. disruptive, withdrawn, observed increase in risk taking behaviours | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  New group programmes start at the beginning of each new full term.  If a young person is not able to attend the first two sessions they will wait for the next group the following term or be referred to the community group work if starting sooner and if appropriate. | For the following schools;  **Andrew Marvel, Malet Lambert and Archbishop Sentamu**  Humber NHS (SMASH)  **Email:** [emma.train-sullivan@nhs.net](mailto:emma.train-sullivan@nhs.net)  **Phone:** 07891382829  For the following schools  **Sirius West, Kelvin Hall, Trinity, Newland, Sirius North, St Mary’s, Boulevard, Winifred Holtby**  Barnardo’s  **Email**: [headstart.groupwork@barnardos.org.uk](mailto:headstart.groupwork@barnardos.org.uk)  **Phone:** 01482 325883 |
| Smile Community -based Group Work | 10-16 years (school year 6-11) | **Group work**  Approximate size of group:  6-8 people  Number of sessions:  1 session per week, for 12 weeks (within youth centres North / East or West) | In community | * Bullying * Ongoing stress * Body image issues (low level) * Low self-esteem and confidence * Lack of aspirations * Lack of problem solving skills * Lack of experience of success or achievement * Lack of trusted adults in school or community * Lack of wider supportive networks * Changes in behaviour at school/ in community – e.g. disruptive, withdrawn, observed increase in risk taking behaviours | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  New group programmes start approximately every 12 weeks  If a young person is not able to attend the first two sessions they will wait for the next group or be referred to the school based group work if starting sooner and if appropriate. | **Hull City Council, Youth Development Service**  **Email:** [smile@hullcc.gov.uk](mailto:smile@hullcc.gov.uk)  **Phone:** 01482 331238 |

**TARGETED PLUS Services for Young People**

| **Service Title** | **Age appropriate** | **Approach to delivery** | **Setting** | **Issues the project can address** | **Availability (waiting time)** | **Contact details** |
| --- | --- | --- | --- | --- | --- | --- |
| Counselling | 10-16 years (school year 6-11)  This service is also available for young people up to 19 | **One to one**  (with access to thematic groups as appropriate) | In school or in community | * Bullying (including cyber bullying) * Low level anxiety and depression * Physical, emotional and sexual abuse including child sexual exploitation * Living with domestic violence * Attachment issues * Bereavement * Separation and loss * Relationship issues * Stress * Sexuality and Gender * Self Esteem * Identity/Body Image * Early signs of self-harm * Observed increase in risk taking behaviours | Respond within:  Enquiry acknowledged within 7 working days  Service provided: within:  28 days | **Hull & East Yorkshire MIND**  **Email:** [therapyservices@heymind.org.uk](mailto:therapyservices@heymind.org.uk)  **Phone:** 01482 240200 |
| Emotional Health and Resilience Coaches | 10-16 years (school year 6-11) | **One to one** with young people  (with additional support to the whole family if required) | In school, in community or at home. | * Identified as RONI in year 9 (Risk of becoming NEET) at 16 through existing systems due to school related symptoms listed above) * Identified concern at transition from primary to secondary; from secondary into education, employment and training; or from regular school to school transition (e.g. frequent school moves) * Multiple emotional health issues (risks and symptoms) across young person and family | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  28 days | **Hull City Council, Youth Development Service**  **Email:** [emotionalresiliencecoaches@hullcc.gov.uk](mailto:emotionalresiliencecoaches@hullcc.gov.uk)  **Phone:** 01482 331238 |

**TARGETED SERVICES for Parents/Carers of Young People Aged 10-16 Years**

| **Service Title** | **Approach to delivery** | **Setting** | **Issues the project can address** | **Availability (waiting time)** | **Contact details** |
| --- | --- | --- | --- | --- | --- |
| **Parent’s Peer Mentoring** | **One to one** mentoring  **Also available for those with a mentor**  Talking Teens group sessions)  Drop in sessions also available  Parent meet ups and group activities | At home, in school or community settings. | * Changes in family circumstance e.g. family breakdown, unemployment, debt, decline in parental mental health * Lack of supportive family networks * Social isolation of family * Support and advice on positive parenting and boundaries. * Family links and talking teens parenting strategies * Issues related to parenting teenagers | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  21 days (subject to mentor availability | **Child Dynamix**  **Email:**  [liz.hammond@childdynamix.co.uk](mailto:liz.hammond@childdynamix.co.uk)  **Phone:** 01482 799070 |
| **Parenting Programmes** | **Group work** How long is the group work programme?  This depends on the programme but usually between 7 and 12 weeks  How many people per group? 8 families  **One to One**  Up to 5 sessions of one to one support is available before and after group work | In community | * Changes in behaviour at home – disruptive, withdrawn, observed increase in risk taking behaviours * Lack of supportive family networks/good child-parent relationship * Lack of support for educational attendance and attainment | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  28 days for initial one to one work with opportunity to join the next available group work programme | **Hull City Council, Parenting Team**  **Email:** [parenting@hullcc.gov.uk](mailto:parenting@hullcc.gov.uk)  **Phone:** 01482 615523 |
| **Parenting support for families with a child with a disability**  **This service is also available for parents of children aged 5-9** | **Group work**  How long is the group work programme?  This depends on the programme accessed  And can vary from 1 day workshops to 8 week courses.  **One to One**  Up to 5 sessions of one to one support is available before and after group work | In community | * Issues related to parenting teenagers with a disability * Lack of supportive family networks/good child-parent relationship | Respond within:  Enquiry acknowledged within 7 working days  Service provided within:  28 days for initial one to one work with opportunity to join the next available group work programme | **Kids**  **Email:**  [Michelle.boyd@kids.org.uk](mailto:Michelle.boyd@kids.org.uk)    **Tel:** 01482 467540 |