

Self-Assessment – Young Person and Parents/Carers Practice Guide

The Self-Assessment section of AssetPlus ensures that the views of children and parents/carers are thoroughly considered at regular points of contact with services (not just at the start or end of a period) and children and parents/carers to 'own' or at least actively contribute to their assessment and intervention plans.

It is vital that you involve the child in assessing their own needs to gain a comprehensive view on what the issues are, and the most effective route to addressing them. Self-assessment promotes engagement and compliance with the requirements of court orders, and gives important feedback which your team should use to improve the quality of its services.

Exploratory Questions

The Self-Assessment tools are more than a yes/no/sometimes questionnaire; it is a tool to form the basis of your assessment. Each question gives the basis of a further discussion to learn more about the young person and their parents/carers, and their circumstances.

At the end of this practice guide is an amended version of the young person's Self-Assessment which demonstrates some of the questions that could be asked to gain more information from their answers. This is not an exhaustive list, and you can add to them based on the discussions you have. The more information you can get and record from the young person, the better informed your assessment will be.

Variations of the Self-Assessment

There are a number of variations of the Self-Assessment that will need to be completed throughout a young person's involvement with the YOT. These include the initial Self-Assessment for the young person and their parents/carers, and the equivalent review and case closure documents. There are also Self-Assessments relating to bail & remand, custodial sentences and transferring to the Probation Service.

Case managers should ask exploratory questions when completing any version of the Self-Assessment, as these will measure the young person and their parent/carers' perceived progress and inform supplementary reports and exit strategies. Furthermore, completion of these documents will identify when additional referrals to YOT specialists or partner agencies are required. Specific practice guides have not been created for the additional documents; instead, you should use this Practice Guide to give an idea of the type of questions you may wish to ask within each variation of the Self-Assessment.

New versions of the Self-Assessment documents will be released in late-2021; these will include small changes in the layout and wording of the questions and more space will also be given for recording additional information gained through discussions about the person's answers to the questions. Subsequently, it is important that case managers use the correct version as the changes will also be reflected within the Asset Plus Self-

Assessment tab; electronic versions of the Self-Assessments will be made available to all case managers.

Recording

Case managers hold responsibility for ensuring the completion of the young person and parent/carer Self-Assessments. Once completed, the Self-Assessment tool and any additional notes/pages should be uploaded on Child View under the Interventions tab as an attachment. The name of the young person or parent/carer and the date of completion, alongside the name of the professional who has supported the completion of the document should be recorded on the paper document. During the COVID19 pandemic, it is important to record how the form has been completed, as our methods of service delivery will change throughout this time; this may include phone or video calls, or socially distanced visits.

Using the Self-Assessment within the Asset Plus assessment

Once you have completed the self-assessment with the young person and their parent/carer, you should use the information to inform your assessment or report. The table below, adapted from the Silver Bullet training, highlights where information from the young person and parent/carer self-assessments link to relevant sections within the AssetPlus; Appendix 1 gives an example of this.

You should use the answers, and additional information, gained from the self-assessments in order to answer the questions within the AssetPlus and to provide further or exploration of the information. Where appropriate, i.e. in 'Pathways and Planning' and 'Explanations and Conclusions', you should seek to analyse the information provided within the Self-Assessments alongside any other information you have given; this may include analysing why the young person committed the offence and what interventions would be best placed to support the young person to prevent reoffending and promote positive outcomes.

Self-Assessment Sub-Section	Which Self-Assessment gathers this information?		Where this information is most relevant in AssetPlus
	Young Person	Parent	
Family, home and relationships	Y	Y/N (About your child/ At Home sub-sections)	Personal, Family and Social (PFS) – Living arrangements/ Parenting, Family & Relationships
Smoking, drinking and drugs	Y	N	PFS – Young Person's Development >Lifestyle > Substance Misuse
Health and How I feel	Y	Y	PFS - Young Person's Development >Health
Friends	Y	N	PFS - Parenting, Family & Relationships> Family & Wider Networks
School, college and work	Y	Y	PFS – Learning, Education, Training and Employment
Offending/Behaviour	Y	Y	Offending and ASB
My Future	Y	Y/N (Strengths/Interests sub-section)	Foundations for Change PFS – Features of lifestyle
Working with the YOT	Y	Y	Foundations for Change –

			Engagement and Participation
Timeline	N	Y	Explanations and Conclusions – Understanding Offending Behaviour

Appendix 1

Personal, Family & Social Factors: Living Arrangements

Please state who the young person is currently living with, and outline any positives or strengths relating to the young person's current living arrangements (e.g. stability, location etc.)

Lives with:

Billy is living with his mother, Paula (35), and her partner, David (38). David's son, Tommy (15), stays every other weekend from Friday evening to Sunday morning.

Strengths:

This comes directly from the self-assessment

> In the self-assessment, Billy answered yes to questions relating to positive relationships at home. Paula also agreed this during our conversation. In her self-assessment, Paula replied 'no' to questions about Billy staying out late or away from home; she told me that this had previously been a problem, but that since being arrested, Billy has been at home on time.

> Paula told me that the house is privately rented and that she has not been late in paying rent in the last 12 months since she moved to the property. I am aware from Children's Social Care records that Paula was facing Court action from her previous landlord in relation to non-payment of rent. During our conversation, Paula told me she has signed a 5-year contract on the house and is keen to stay there for longer, if possible. Paula appeared to be proud of her home, and talked about her plans to decorate when she can afford it.

This comes from expanding on the Self-Assessment

> Billy told me that he likes this house because he has his own space and a garden, which they didn't have in the last house. Billy also told me that he has his own bedroom with a double bed and a play station; Billy and Paula commented that it is positive that Billy no longer shares a room with Tommy, as this has previously caused arguments.

> Billy told me that he likes living close to the centre of town; he told me it takes 10 minutes on his bike or 15 minutes walking. He spoke about having friends who live close by, and that he isn't near the bad influences from their previous estate. Paula is happy that they no longer live near the old estate, and told me she thinks this will help to keep Billy out of trouble.

Young Person – Full self-assessment (Statutory or combination)

Young person's name:

Date of birth:

Date of completion:

Family, home and relationships:

	Yes	No	Sometimes
I know that my family care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on with my family/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I stay out or away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are problems or arguments at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live with people who get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family are upset about my behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lost someone special from my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who are the most important people in your life?			

How do you know this? What do your family do/not do to show/not show this? Is there anyone else in your life who you feel does care about you?

Who do you get on/not get on with most? Why do you think this is?

Can you tell me a bit more about this? Who/where/when do you go? Who knows about this? Do you feel safe when you're away from home?

What sort of problems are there? What/who causes the arguments/problems? How does this make you feel? How do problems/arguments end or get resolved? Do you feel safe when this is happening?

Who is this? What do they do to get into trouble?

Why do you think they are upset? How do you know this? What can you do to make up to them?

Who have you lost? How do you feel about this? Have you had any support around this? Would you like support now/in the future about this?

Why are these people important? What do they do to support you?

Smoking, drinking and drugs:

	Yes	No	Sometimes
I spend a lot of money on drinking, smoking or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking, drinking or drugs get me into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoke too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take too many drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want help to cut down on smoking, drinking or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I smoke/use drugs/drink alcohol with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you spend per day/week/month? What do you spend it on? How do you get this money?

What sort of trouble do you get into? Who knows about this? How do you feel when you get into trouble?

What do you smoke? How much/often do you smoke? What/who tells you it's too much? When did you start smoking?

What do you drink? How much/often do you drink? When did you start drinking? What/who tells you it's too much?

What drugs do you take? How much/often do you take drugs? When did you start taking drugs? What/who tells you it's too much?

What help would you like? Who do you think could help you?

When/where does this happen? Do you use more/less/same as your friends? What do they think about it?

Health and how I feel:

	Yes	No	Sometimes	
I do things that are bad for my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What do you do that is bad for your health? How/why do you know it's bad? Who tells you it is bad? How can people help you change this?
I feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What makes you feel good/not good about yourself? Why do you feel like this? What would make you feel better about yourself? How can people help you feel better about yourself?
I get angry and lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What/who makes you feel angry and lose your temper? How do you/would I know if this was happening? When was the last/worst time you lost your temper, and what happened? How can people help you to manage this?
I eat well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any dietary requirements or allergies I need to know about? What does eating well look like to you? If no, why don't you eat well? What would help you to eat well? Do you/family have access to enough food? How can people help you?
I sleep well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much sleep do you get? Do you find it easy to go to sleep/wake up? Do we need to plan your appointments around sleep (i.e. if late sleeper)? Why do you not sleep well? How can people help you?
I feel stressed or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What makes you feel stressed or anxious? What happens/what do you do when you feel like this? How can others support you when you feel like this? Have you told anyone you feel this way? How can people help you?
I have thought about hurting myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When was the last time you thought about this? What were your thoughts? What made you feel like this? How do you feel when you have these thoughts? Does anyone else know about this? How can people help you?
I have tried to hurt myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When was the last time you tried to hurt yourself? When was the first time you hurt yourself? What did you do, and how did you do it? How did it make you feel? What makes you feel like you want to do this? What has been the worst harm you have caused yourself? Does anyone know you do this? How can people help you?
I have thought about killing myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When was the first/last time you felt this way? What made you feel this way? What was happening before/during these thoughts? What would you have done, if you had tried to kill yourself? Does anyone know you have had these thoughts? How can people help you?

Friends:

	Yes	No	Sometimes	
My friends get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What do they do to get into trouble? Do they work with YOT? How do you feel about them getting into trouble? Do they influence you to get into trouble?
I get into trouble when I am with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What trouble do you get into? Do you do things that might get you into trouble, but that you haven't been caught doing? Who influences who?
I do things without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you give me an example? What happens to stop you from thinking first? Has this ever got you into trouble?
I tell my friends what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	What sort of things do you tell them to do? Do you think you are a positive or negative

I trust other people

I can say 'no' to my friends

What do your friends think of you?
.....

influence? Do you think they like being told what to do?

What does trust mean to you? How do you come to trust someone? What happens if someone breaks your trust?

Can you give me an example of when you have/haven't said no? What made you do this? How did you feel? What would happen if you did/didn't say no?

If "don't know" type answer – Would they say good things or bad things about you? Why would they say this? How would you describe yourself to a new friend? How would you like them to describe you?

If answer given – Why do you think they'd say this? Do you think this is a good or bad reflection of you? How would you like them to describe you?

School, college and work:

What things at school/college/work do you like?
.....

Why do you like them?
.....

What school/college/work do you go to?

If at school or college - What year are you in? Which member/s of staff do you have a good relationship with? What would they say you like most about school/college?

If at work – Where do you work? How long have you been there? What made you apply for the job?

If no answer given – What do you not like about school/college/work?

What is it about this lesson/activity/task that you enjoy? Who supports you with this? How could other lessons/activities be improved to be as good as this one?

I want help with reading Yes No Sometimes

I want help with writing

I miss/missed school

I have people who help me with school/college/work

I get into trouble at school/college/work

How confident do you feel about writing, where 0= no confidence 10= lots of confidence? What do you feel you struggle with most?

How confident do you feel about writing, where 0= no confidence 10= lots of confidence? What do you feel you struggle with most? What help would you like?

What do you miss/not miss most? Is there a specific person or activity you miss/not miss?

Who is this and how do they help you? Is there any other help you would like? If you need help now or in the future, what would it be and who would help you? How can you get help, if you needed it?

Can you give me an example? When was the last time you were in trouble? What happens as a consequence? What can you do to stop yourself getting into trouble at school/college/work?

Offending:

Do you think what you did was wrong? Yes No

Why did you do it?

What makes you think this?

Can you tell me your version of events for the offence? (you may wish to record this on a blank page) What were you thinking and feeling at the

.....

time? What choices or decisions did you make? Who else was involved, and how did they influence you? Did you think about the victim whilst this was happening? Who else has been affected by your actions?

	Yes	A bit	No
Are you sorry for what you did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to make up for what you did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What part of it are you sorry/not sorry for?

What do you think the victim would like to see happen to make up for it? Would you want to do this, and how would you achieve it? Who else has been affected, and how could you make up to them?

Has your offence caused problems for you or your family?

.....

What sort of problems has it caused? Who do you think has been most/least affected? What have your parents/carers?

My future:

	Yes	No	Sometimes
I can think of reasons to avoid offending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These are?
.....

What would happen if you got into more trouble? What would the impact be on your future? Would anything change for you in the immediate future? How would the people most important to you (i.e. family and friends) feel?

What things will make it hard to avoid offending?
.....

How might friends/co-defendants influence you? Will they make it easier or harder to stay out of trouble? Will your substance use have an impact?

Who can help you avoid offending?
.....

How could your friends and/or family help? What about teachers at college/school or colleagues at work help? Are there any other professionals who could help? How could we help you through YOT?

	Yes	No	Sometimes
I am good at dealing with problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you give an example of a problem you have dealt with recently? Did you get help from anyone?

Say one thing you would change in your life
.....

If you could wave a magic wand and one thing be different in your life, what would it be? Would you fix something or add something, or remove something? Why would you change this thing? How would others feel if you changed this thing?

Is there anything you would like the YOT to help you with?
.....

Draw on examples of areas of need/support highlighted throughout the Self-Assessment, and talk about the specialists within YOT or partner agencies YOT can make referrals to.

What do you enjoy doing?
.....

Are interested in sports/technology/

What would you like to do in your spare time?
.....

What do you do when you're with friends? Do you have a hobby or interest? Is there anything you've seen others do and think you'd like to get involved with?

Yes	No
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How can your friends/family help you do to these things? How would you like YOT to help with these things? Is there anyone else who could help?

Would you like help to do these things?

Working with the YOT:

There are things I find it difficult telling a worker about Yes A bit No

Can you give me an example? What made it difficult/easy to talk about this? How can YOT support you to talk about things personal to you? Would you feel confident asking for help if you needed it?

Have you been to this or another YOT before?

Which YOT was it? When was it? What did you come to YOT for?

What things did you like about being at the YOT?
.....

What was it about these things that you liked? Was there anything you would have liked to do or have support with, but didn't? What can YOT do to make sure you have a good experience this time?

What problems did the YOT help you with?
.....

Can you give me an example of the help you got? What made this a positive experience? What could we do to help you with your problems this time? Would you feel confident asking for help if you needed it?

What things at the YOT didn't you like doing?
.....

What was it about these things that you didn't like? Was there anything you would have liked to do or have support with, but didn't? What can YOT do to make sure you have a good experience this time?

Did you find it easy to go to your YOT appointments? Yes No

Why?
.....

How did your family/parents/carers support you? What did your YOT worker do to support you to attend appointments? What else can we do to support you to attend your appointments this time? Is there anything that might stop or make it difficult for you to come to your appointments?