



YOUR VOICE



Our Interventions

Prevention

Prevention interventions involve working with children at the earliest opportunity to prevent any unmet needs and vulnerabilities which could lead to getting into trouble, such as being excluded from school and struggling to managing your emotions.

Diversion

Diversion is another word for diverting children from the Criminal Justice System and Court. When a child is arrested or investigated for a crime, the police have numerous options to choose from when deciding on the most suitable outcome. Most children who have not been in trouble before, or have very little involvement with the police, are suitable to be dealt with out of court. Diversion allows us to support the child and their whole family with multiple areas including their behaviour, education, health and well-being, and through positive activities.

Youth Caution (YC)

A Youth Caution is a formal warning that is kept on record by the police. It's a simple Caution that does not contain any conditions but you could be asked to complete some work alongside.

Youth Conditional Caution (YCC)

A Youth Conditional Caution is a formal warning that is kept on record by the police. It can be given to children under the age of 18 who have gotten into trouble. If you receive a Youth Conditional Caution, it will have conditions which you must comply with. If a child does not keep to the conditions they could be prosecuted for the original incident and sent to Court.

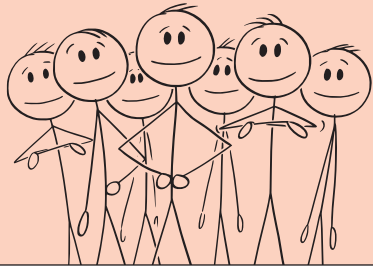
Referral Order

A Referral Order is the community sentence and conviction most often used by the Courts when dealing with 10- to 17-year-olds, particularly for children who appear in court for the first time and who plead guilty. Referral orders can be made for a period of 3 to 12 months and require the child to agree a contract of rehabilitative and restorative elements to be completed within the sentence.

Youth Rehabilitation Order (YRO)

A Youth Rehabilitation Order is a Court Order/Conviction which may be given to a child under the age of 18 years old when they are being sentenced for committing an incident. A youth rehabilitation order can be made for any period up to 3 years and can contain multiple requirements such as an electronic curfew.

Children and Families Privacy Notice



Who we are:

We are the Youth Justice Service for North East Lincolnshire. We work with children that have been to Court and also some children on a voluntary basis

Why we keep personal information about you?

We aim to give you the best possible care. To do this we must keep records about you and the services we offer you.

We also have a responsibility to keep the public safe so have to keep information on your behaviour and any risks there might be.

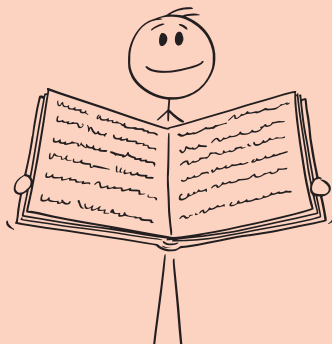
How do we use your information?

We hold information about you so that we can deliver our support and services.

Who do we share you information with?

Sometimes we have to share information about you. For example:

- The Court has asked for information
- The Police have asked for information about investigation
- When our services are inspected
- Sometimes we may need to share your information if you are at risk of harm or may be causing harm to others
- When you agree to work with another service, such as We Are With You.



Who can see your information?

Your information is only seen by Youth Justice Service staff. If anyone else wants to see your information they would need to ask us.

What information do we keep about you?

The information we have may include your name, where you live and your family, times when you have visited us or services that we offer you. This includes notes about you, your health, and your family.

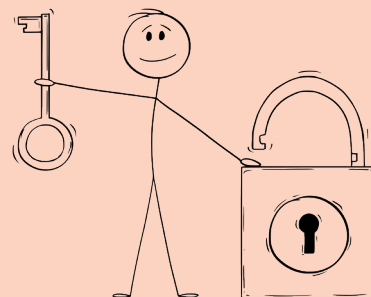


How do we collect information about you?

We hold information that you tell us, and we hold information others, such as your family, tell us. We also hold information from other organisations such as your school or your doctor if they tell us.

How long do we keep your information for?

We keep your information as long as it is needed to support you, or for as long as the law tells us to.

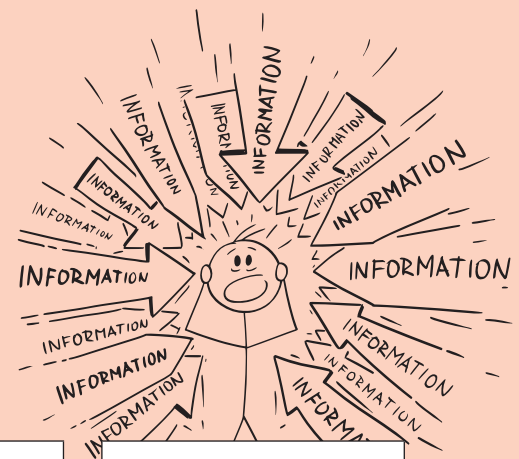


Your rights

- We only keep information about you that we really need. We do not share it unless we have to.
- The law gives you the right to know what information we hold about you and to have a copy of this information.
- There are some other rights you have such as having incorrect information about you corrected.

For more information visit www.nelincs.gov.uk/council-information-partnerships/information-governance/data-protection/

What happens now?



You will be given a worker

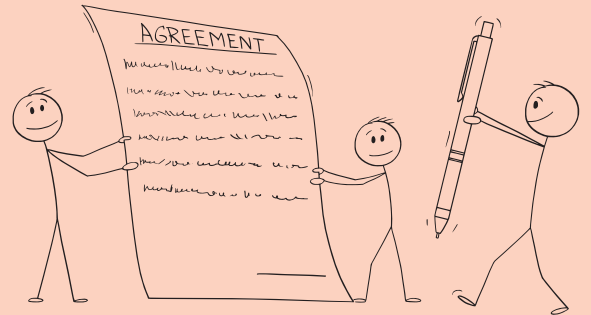
They will contact you to arrange to meet with you. This could be at home or in our office

When they meet you for the first time they will have to ask you lots of questions. This will include talking about the incident and your thoughts and feelings

Your worker will speak to other people that know you – such as your family, school or social worker

They will use this information to write an assessment. This helps us all to work out what things we are worried about and what are the really positive things about you and your life

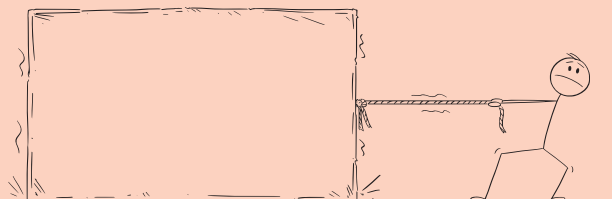
We then make a plan – this is basically a list of things you will be doing to help you. This plan could be done at a 'panel meeting' or by your worker. It's really important you contribute to it – after all it's your plan



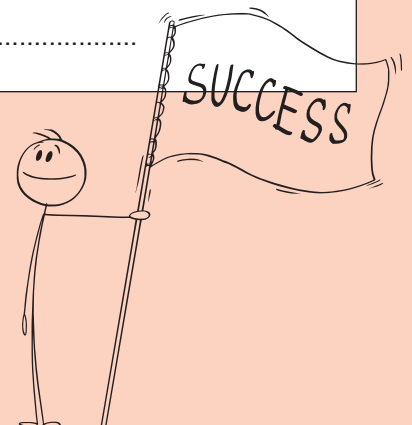
Your intervention starts on.....

Your intervention ends on.....

We will need to meet at least.....



We know sometimes it can be tough and that you might have lots of other things going on in your life but we really are here to support you. If we work together we can help you have a happy and successful future





Your Time in Court

We just need to ask you a few questions about your time in court.

Its really important you understand what is going on when you appear in court.
Your answers can help us do everything we can to make sure this happens.

Did you receive a copy of the "Going to Court" leaflet beforehand?	<input type="checkbox"/>
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Did you meet the court officer from the Youth Justice Service before you went in to court?	<input type="checkbox"/>
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Did they explain to you what would happen in court?	<input type="checkbox"/>
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Did you understand what would happen?	<input type="checkbox"/>
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After you left court, did they explain to you what had happened?	<input type="checkbox"/>
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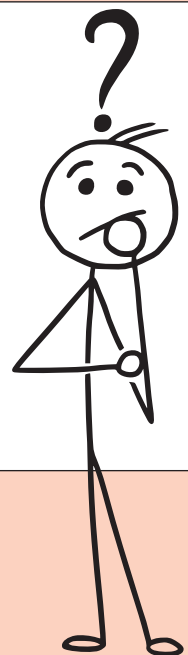
Did they explain to you what the order means?	<input type="checkbox"/>
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Do you feel that we did everything we could to help you understand and feel comfortable?	<input type="checkbox"/>
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How much?

The most ever
5
huge amount
4
a lot
3
some
2
A bit
1

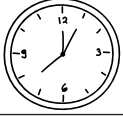




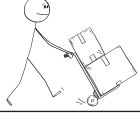

Could we have done anything differently?
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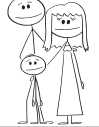


Behaviour Contract

Name: DOB:

Order: End date:

	I will come to sessions at the right day and on time
	If I can't come I must tell my worker before the session starts. I understand I may have to get proof of illness or other appointments.
	I will do what YJS staff ask me to do in my sessions with them and try my hardest.
	I will not come to sessions if I am under the influence of alcohol or drugs. I must not bring drugs, alcohol or weapons to my sessions.
	I will not speak or behave in a racist, sexist, violent, abusive or offensive way.
	I will tell my worker of any change of address, change of work or education, or if I am going on holiday.
	I will switch off my phone

We promise to:

	Be open and honest with you, treat you fairly and provide you with help and support Listen fairly to you and your family
	Work with other people to make sure you are given the best chance (Including social workers, education and police)
	Support you to complain if you are unhappy about the service. We have a leaflet that tells you how to do this.
	Help you get back on track if you aren't sticking to your plan. This might mean meeting with a manager or having to go back to court.

I have been given information about what I need to do during my order and I will attend.

If I do not stick to this contract, I understand I may have to go to court.

Signed:

Parent signature:

YJS Worker Date:



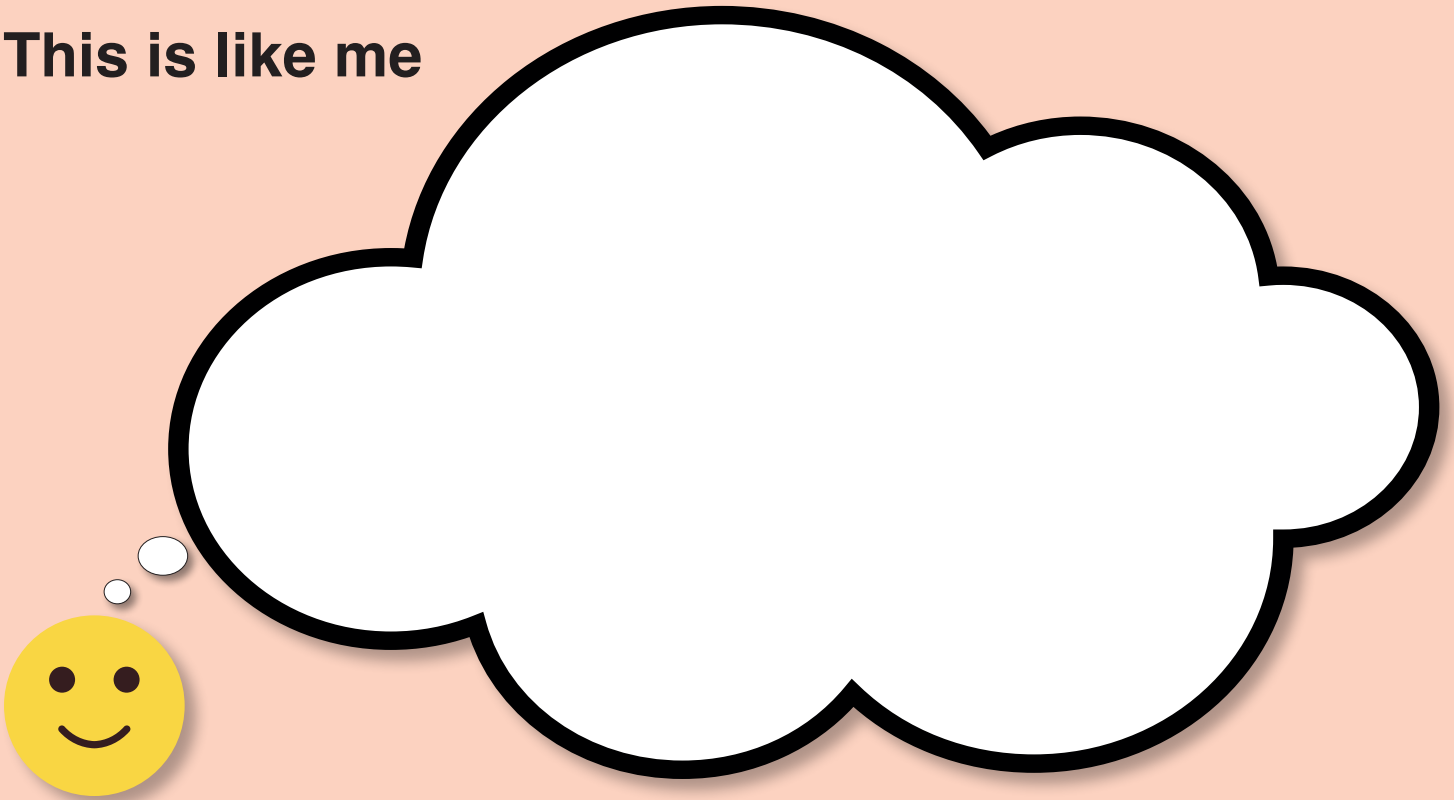
What makes me

You do not have to answer these questions, and we understand that some of this information is personal. However, this information lets us know about any needs you have and helps us to offer a fair service to all children regardless of race, gender, religion or ability.

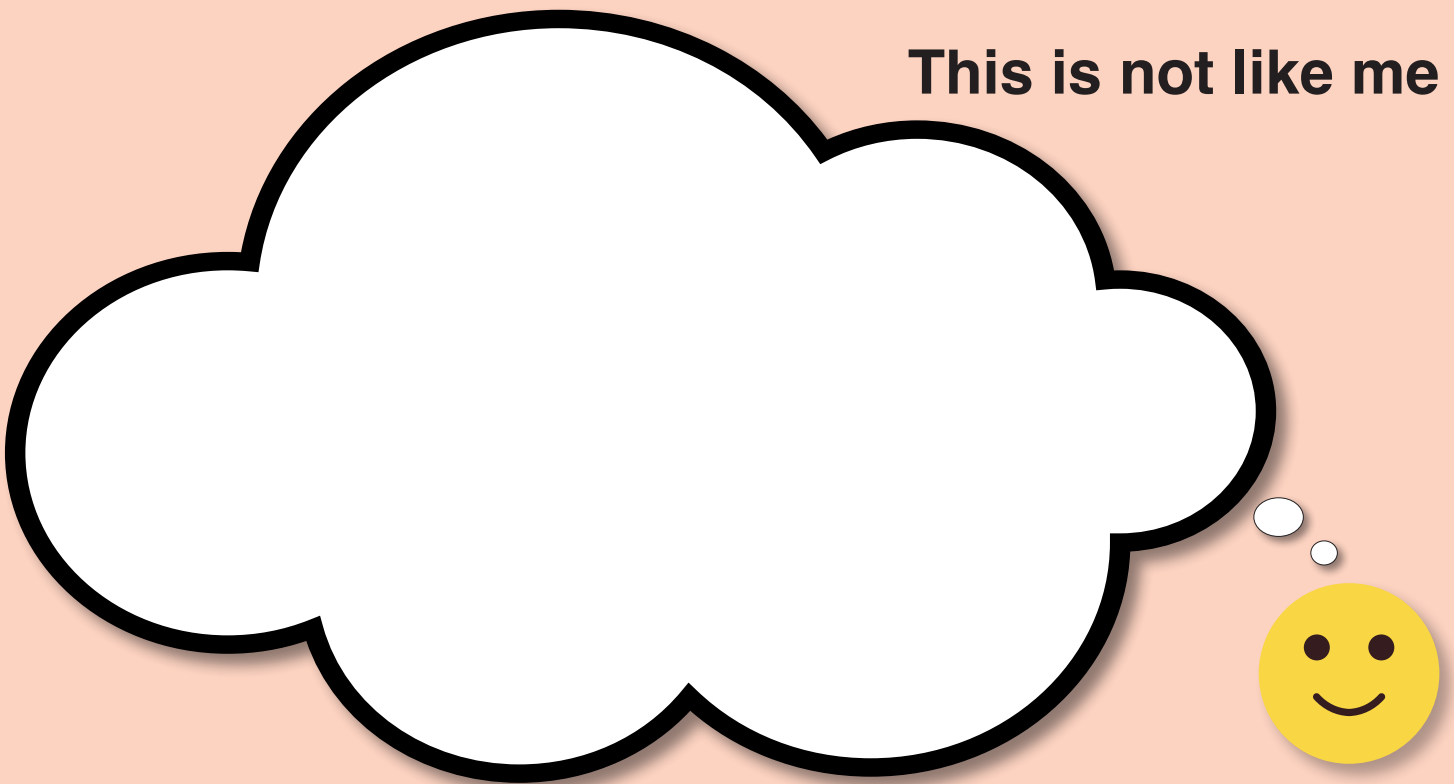
Responsibilities	Do you look after someone - this could be helping to cook, shop etc?						
	No	parent	carer for an adult	carer for a child	secondary carer		
Religion or belief	Religion is when you believe in and worship God and an organised set of beliefs						
	no religion	Christian	Hindu	Jewish	Muslim	other	
Gender	Your gender identity is a personal sense about the gender you are						
	male	female	non binary	prefer not to say	self defined		
Learning Needs	Things that can effect your ability to learn						
	Other	reading	writing	telling time	maths	dyslexia	concentration
Mental Health	Your mental health is how you're feeling inside, or how you are emotionally						
	Other	anxiety	depression	self harm	ADHD	autism	low self esteem
Physical Health	Physical health is how well your organs and body systems function						
	Other	eye sight	allergies	mobility	breathing	hearing	head injury
Sexual orientation	Sexual orientation is about who you're attracted to and want to have relationships with						
	prefer not to say	heterosexual	gay	bisexual	asexual	undecided	
Ethnicity	Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you feel you belong.						
	Asian or Asian British		Black African, caribbean or black british		mixed or multiple ethnic groups	white	other ethnic group
Language	English / other			Interpreter needed	Yes / No		

Learning Styles

This is like me



This is not like me



Red = Kinesthetic
Practical, hands on learning

Green = Visual
List, written instructions
& directions

Blue = Auditory
Spoken instructions,
music and sounds



Communication needs

Young person's name:

Date:

Please tick an **Its fine**, **Don't know** or **It's hard** answer for each young person's answer.

Answer

Speaking

1. Is it ever hard to think of what to say?
2. Is it ever hard to use long words?
3. Is it ever hard to say what happened?
4. Is it ever hard to speak clearly?

Understanding spoken language

5. Is it ever hard to remember what people say?
6. Is it ever hard to understand what people say?
7. Is it ever hard to understand long words?

Non verbal

8. Is it ever hard to make eye contact?
9. Is it ever hard to show your feelings (from your face, body or how your voice sounds)?

It's fine






Don't know?



It's hard



	It's fine 	Don't know? 	It's hard 
1. Is it ever hard to think of what to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it ever hard to use long words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it ever hard to say what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is it ever hard to speak clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is it ever hard to remember what people say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is it ever hard to understand what people say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is it ever hard to understand long words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is it ever hard to make eye contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is it ever hard to show your feelings (from your face, body or how your voice sounds)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Answer

Social skills



- 10. Is it ever hard to make and keep friends?
- 11. Is it ever hard to be with people?
- 12. Is it ever hard to cope with worry?
- 13. Is it ever hard for you to guess what people think?
- 13. Is it ever hard to understand how faces show feelings?
- 13. Is it ever hard to understand how body movement shows feelings?
- 13. Is it ever hard to think about feelings?

Education needs and learning

- 16. Is it ever hard to read things?
- 16. Is it ever hard to write?
- 17. Is it ever hard to tell the time?
- 18. Is it ever hard to use the bus or train?
- 18. Is it ever hard to use the washing machine?
- 18. Is it ever hard to cook?
- 18. Is it ever hard to do leisure activities?
- 19. Is learning ever hard at school or college?

Traumatic brain injury

- 21. Is it ever hard to think first and then act?
- 21. Is it ever hard to concentrate?
- 21. Is it ever hard to work in noise?
- 21. Is it ever hard to remember things?
- 21. Is it ever hard to think quickly?

	It's fine 	Don't know? 	It's hard 
10. Is it ever hard to make and keep friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is it ever hard to be with people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is it ever hard to cope with worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it ever hard for you to guess what people think?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it ever hard to understand how faces show feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it ever hard to understand how body movement shows feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it ever hard to think about feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is it ever hard to read things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is it ever hard to write?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is it ever hard to tell the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is it ever hard to use the bus or train?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is it ever hard to use the washing machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is it ever hard to cook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is it ever hard to do leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is learning ever hard at school or college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is it ever hard to think first and then act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is it ever hard to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is it ever hard to work in noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is it ever hard to remember things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is it ever hard to think quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Physical and mental health screening tools

Section 1: Physical health and development

Please indicate whether the following apply to you

	Yes	No	Yet to clarify
Has a diagnosed physical health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing current physical health symptoms? e.g. breathing problems, chest pains, seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently taking prescribed medication for a physical illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has any current contact with GP or hospitals in relation to a major physical illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is pregnant or could be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is their speech difficult to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further exploration:

Where 'yes' has been selected for any answer above, please provide as much detail as possible here:

Note any positives, and or any concerns that you require further investigation, referral or action.

Section 2: Emotional development and mental health

Please indicate whether the following apply to you

	Yes	No	Don't know
Any formal diagnosed mental health condition? (current/previous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any contact with mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any prescribed medication for mental health problems? (current/previous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has current feelings of sadness, anxiety/stress or irritability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels constantly in low mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels hopeless about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has flashbacks of past traumatic events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees or hears things that other people cannot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has long-standing symptoms of over-activity, inattention and impulsivity in multiple settings? (e.g. home, school etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has history of deliberate self-harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has previously attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has current thoughts to self-harm or wish to commit suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looks depressed or is behaving unusually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risks/concerns from others (family/professionals) about young person's mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further exploration on next page

Further exploration:

Where 'yes' has been selected for any answer on the previous page, please provide as much detail as possible here including: the events/circumstances; nature of emotions arising (anger, grief, fear etc); impact on your life etc.



Substance Misuse Screening Tool

Do you smoke? **Yes** **No** (if 'Yes' please complete below)

	Type of Vape/Brand of Cigarettes/pouch	How many/how often	Age when you first started	Score
Tobacco				1
Nicotine vape				1

Are you currently or have you previously used any substances?

Yes **No** (if 'Yes' please complete below)

Substance (only complete which is applicable)		How many times a week? Daily (3), Every other day (2), Occasionally (1)	Amount used on average using day	Age when substance first used	Score (Please add scores together)
Cannabis	1				
Cannabis Vape	1				
Cocaine	3				
Ecstasy	3				
Amphetamine (speed, whiz)	2				
Nitrous Oxide (balloons, whips)	2				
Ketamine	3				
Pregabalin (pregab's)/ Valium (Vallies)	4				
Opiates (Heroin, codeine)	4				
Crack	4				

Synthetic Cannabinoid (spice)	3				
Other					

Ever Injected	Yes (4)	No (0)
If yes, have you injected a substance in the past 28 days?	Yes (4)	No (2)
TOTAL SCORE		

Alcohol Screening					
	Never (0)	Less than monthly	Monthly (2)	Weekly (3)	Daily / Almost Daily (4)
How often do you drink alcohol? <i>(If tried alcohol previously please identify as 'Monthly or Less')</i>					
	No (0)		Yes, but not in the last year (2)	Yes. during the last year (4)	
Have you or somebody else been injured as a result of your drinking?					
Has a relative, friend, doctor or health worker been concerned about your drinking or suggest you cut down?					
Any answer other than 'never' please complete questions 1-7 on the Alcohol screening tool below					

		1-2 (0)	3-4 (1)	5-6 (2)	7-9 (3)	10+ (4)
1	How many standard drinks containing alcohol do you have on a typical day when your are drinking? (standard drink is 1 unit of alcohol)					

		Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily / Almost Daily (4)
2	How often do you have 6 or more standard drinks on one occasion?					
3	How often during the last year have you found that you were not able to stop drinking once you started?					
4	How often during the last year have you failed to do what was expected of you because of your drinking?					
5	How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?					
6	How often during the last year have you had a feeling of guilt or remorse after drinking?					
7	How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
	TOTAL SCORE					

Overall score

Drug use:

Score: Up to 3

Score: 4-6

Score 6+

Tier 1 - Support to be offered in House

Tier 2 - Seek advice from With you around potential referral or to deliver internally

Tier 3 - Onward Referral to With You

Alcohol Use:

Score: Up to 7

Score: 8-15

Score: 16+

Tier 1 - Support to be offered in House

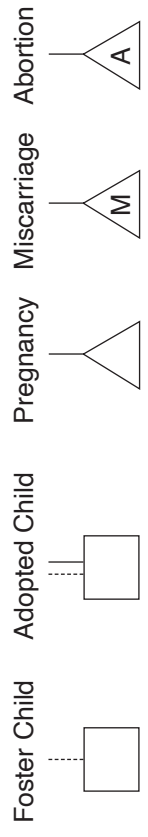
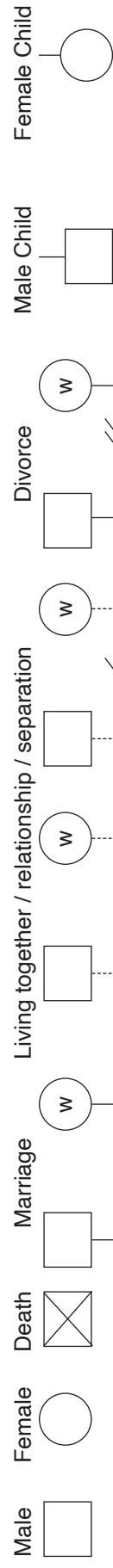
Tier 2 - Seek advice from With you around potential referral or to deliver internally

Tier 3 - Onward Referral to With You

My Family



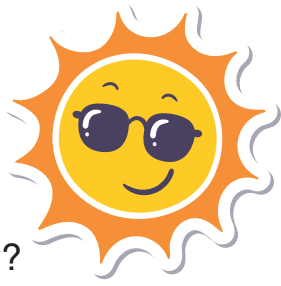
A large, empty rectangular box intended for drawing a family tree.





My Significant Relationships

A large, empty rectangular box with a black border, intended for a child to draw or write about their significant relationships.



Good day?



Bad day?

What will it take to have good days and less bad days?



My Life Timeline

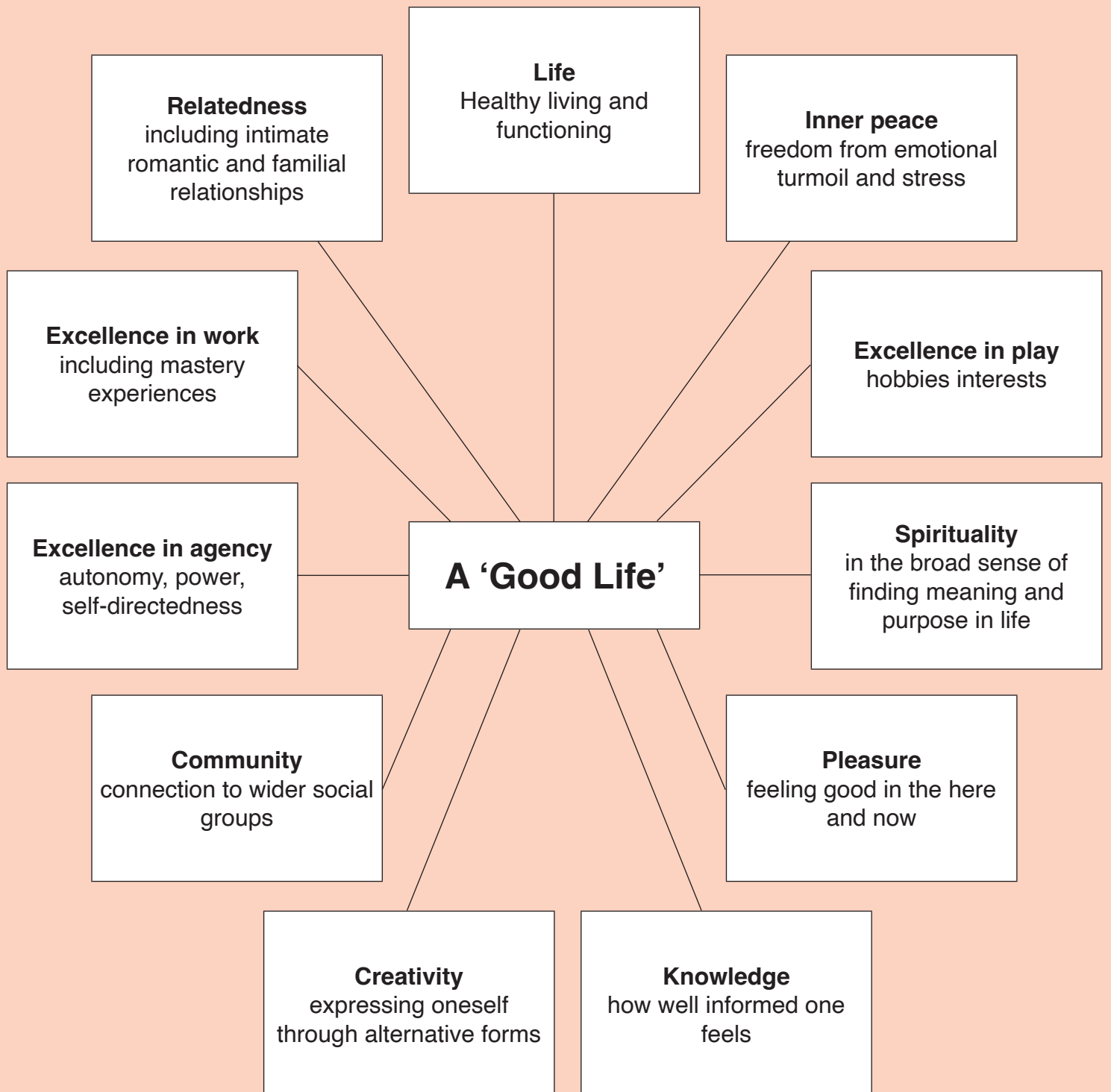


Personalised Support

<p>Who are you?</p>	<p>Who do you want to be</p>
<p>What are strengths, interest and goals?</p>	<p>How are you going to get there?</p>

Cues:

- What is your identity? Who are you?
- What elements of your identity led to your behaviours?
- Who do you want to be?
- What were/are your strengths?
- How can we you support you in working towards your future vision?



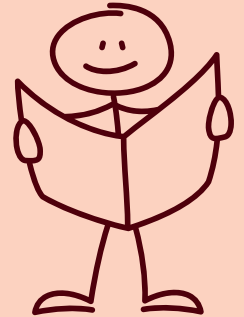


Child Self-Assessment

Child's Name:

Child's DoB:

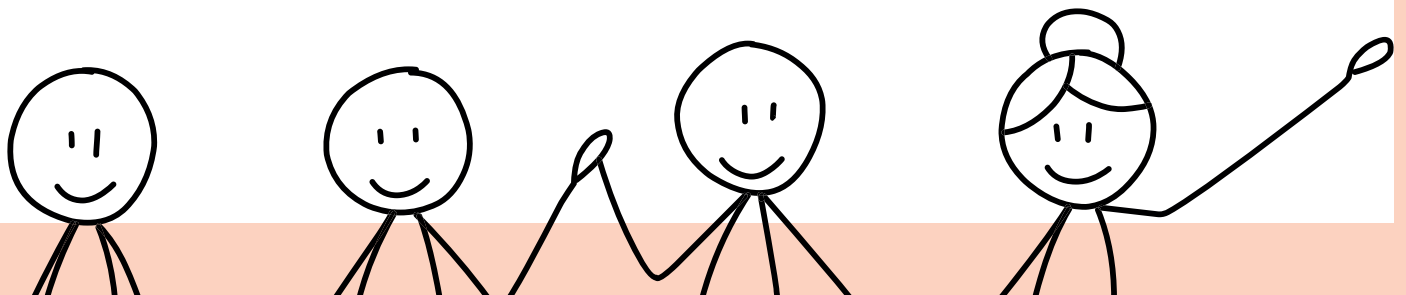
Date of completion:



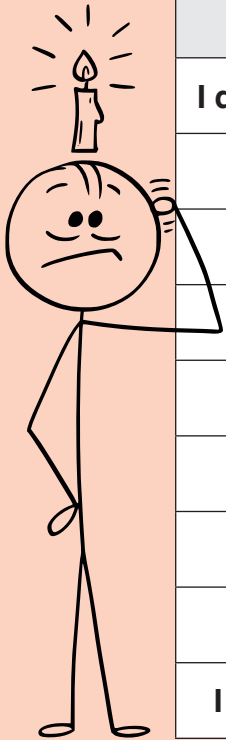
Family, home and relationships:

	Yes	No	Sometimes
I know my family care about me			
I get on with my family/carers			
I stay out or away from home			
I have had bad things happen to me			
There are problems or arguments at home			
I am happy with where i live			
I live with people who get into trouble			
My family are upset about my behaviour			
I have lost someone special in my life			
My famil are able to help me			

These are the most important people in my life and why



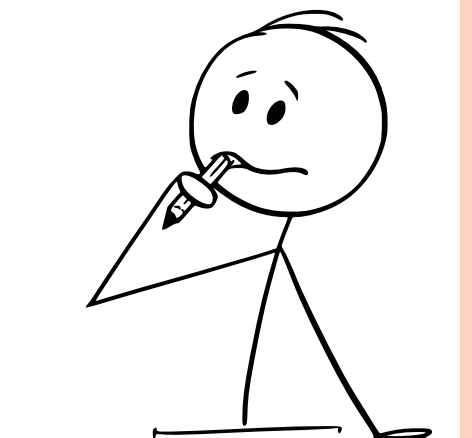
Health and how I feel



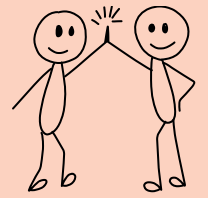
	Yes	No	Sometimes
I do things that are bad for my health			
I feel good about myself			
I get angry and lose my temper			
I eat well			
I sleep well			
I feel stressed or anxious			
I have tried to hurt myself			
I do things to stay healthy			
I smoke/drink/take too many drugs			



This is what I think about my health and why



Friends and lifestyles

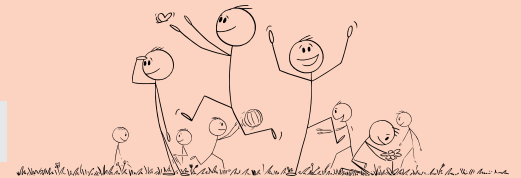


	Yes	No	Sometimes
My friends get into trouble			
I get into trouble when I am with my friends			
I tell my friends what to do			
I trust other people			
I can say no to my friends			
I do things I enjoy in my spare time			
I spend too much time online			
I enjoy going out in my local community			
I am worried I might hurt someone			
I am worried that I could be hurt by someone			
I have people who I can ask for help			

This is how my friends would describe me

A large, empty white rectangular area intended for writing a description of oneself as perceived by friends.

These are the things I am proud of

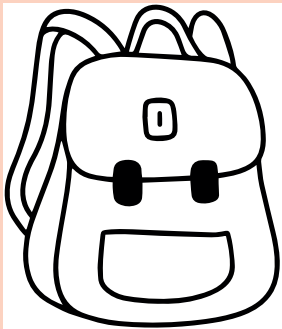


A large, empty white rectangular area intended for listing things the user is proud of.

School, college or work

	Yes	No	Sometimes
I would like help with my reading or writing			
I would like help with my maths			
I like going to school/college/work			
There is someone at school/college/work who I can ask for help			

These are the things I like about school/college/work

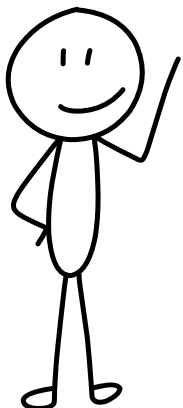


This is what I would like to do when I am older



Working with the Youth Justice Service

These are the things you need to know about me that will help me work best with you





Parent/Carer Self-Assessment

Child's Name:

Child's DoB:

Date of completion:



Family, home and relationships:

	Yes	No	Sometimes
I am able to manage my child's behaviour			
My child stays out without prior agreement			
My child has witnessed arguments at home			
My child has contact with adults in who have been in trouble			
I feel I would like further help supporting my child			
I have strengths that help me manage any problems			
My child and I spend time together			
My child has experienced bad things in their lives			
My child has lost someone special in their lives			



Is there anything else you would like to say about home life?



Health and how I feel

	Yes	No	Sometimes
My child does things that are bad for their health			
My child has deliberately hurt themselves			
My child has experienced physical health difficulties			
I am concerned about my child's physical health			
My child looks after their physical health			
I am concerned about my child's use of drink/ drugs/nicotine			
My child is immature for their age			
I am concerned about my child's emotional or mental health			



Is there anything else you would like to tell us about your child's health?



Friends and Lifestyle

	Yes	No	Sometimes
My child's friends get into trouble			
My child has hobbies and interests			
There are things for my child to do in the local community			
My child spends too much time online			
My child has experienced discrimination			
I am worried my child might hurt someone			

I am worried my child could be hurt by someone			
I am worried my child could get into trouble			
My child is good at asking for help			

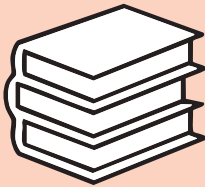
These are my child's strengths:

Blank space for writing child's strengths.



How would you describe your child?

Blank space for describing the child.



School, college or work

	Yes	No	Sometimes
My child enjoys going to school/college/work			
My child is achieving at school/college/work			
My child's needs are met at school/college/work			
There is someone at school/college/work where my child can ask for help			

Is there anything else you would like to say about school/college/work?

Working with the Youth Justice Service

Is there anything you would like help with to support your child?

These are the things that will help my child to work with the Youth Justice Service:





Review Self-assessment

Review:

What things in your life have got better?

.....

.....

.....

.....

Have any things in your life got worse? If yes, which things?

.....

.....

.....

.....

What things would you still like to change?

.....

.....

.....

.....

What's been good about working with us?

.....

.....

.....

.....

What's been bad about working with us? Why has it been bad?

.....

.....

.....

.....



End of intervention - self assessment

What things in your life have got better? (What's working well?)

Have any things in your life got worse or stayed the same? (What are you still worried about?)

If yes, what?

What has been good about working with early intervention?

What has been bad about working with early intervention?

And Why?

Think about work you have been doing, what has helped you sort out any problems in your life?

I worry about what might happen now we have finished our work?

Yes/No/Sometimes

I know where to get help if I need it in the future?

Yes/No

Who will help you with any problems you have after you leave here?

What other help do you think you will need? (What needs to happen?)

Is there anything more that we can do for you?

Progress Star

The Progress Star is a large red star with ten points. Each point contains a sequence of numbers from 1 to 10, arranged in a spiral pattern starting from the center. The numbers are: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Surrounding the star are ten empty rounded rectangular boxes, one for each point of the star, intended for writing progress notes.

Progress Star

The Progress Star is a large red star with ten points. Each point contains a vertical column of numbers from 1 to 10, starting from the center and moving outwards. The numbers are arranged as follows:

- Top point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Top-right point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Right point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Bottom-right point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Bottom point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Bottom-left point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Left point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1
- Top-left point: 10, 9, 8, 7, 6, 5, 4, 3, 2, 1

Six empty rounded rectangular boxes are provided for notes, positioned around the star:

- One box at the top center.
- Two boxes on the left side (top and bottom).
- Two boxes on the right side (top and bottom).
- One box at the bottom center.

My Thoughts

Its good to keep a track of how we feel. Our thoughts and feelings change over time and its good to be able to look back and see where we've come from.

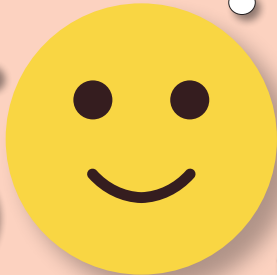
It can often help us figure out what has helped or not

Date.....

What has changed for you since working with YJS

What do you think worked well?

What could you have done more?



What do you think we could do better?

Do you think you had a say in your plan?

Do you feel you were treated with respect & listened too?

Was there anything you felt was not worth doing?

On the scale below - What would you score your experience with YJS				
5	4	3	2	1
Positive				Negative



What if I feel unhappy?

If you feel that you have been treated unfairly by the team, you should tell your worker straight away or ask any adult who supports you to tell them. If you don't want to do this, or you are unhappy with the response you get, you can make a complaint by:

Speaking to the Manager of your Youth Justice Service.

Or:

- Completing the form on our website at www.nelincs.gov.uk/sayit
- By email – Res-customerservices@nelincs.gov.uk
- By phone – 01472 326426
- By text – 07730014286
- Or write a letter to: Strategy, Change and Improvement, Municipal Officers, Town Hall Square, Grimsby, DN31 1HU.

How is your complaint dealt with?

Stage 1:

- Your complaint will be acknowledged within 2 working days of receipt.
- The Youth Justice Service will be notified of the complaint.
- The Youth Justice Service will aim to respond and deal with your complaint within 10 working days. Where this is not possible you will be notified of an extension.

Stage 2:

- If you remain unhappy with the response you received from Stage 1 you should inform the councils complaints team.
- Your request will be acknowledged within 2 working days of receipt.
- A Senior Officer within the council will carry out an investigation into the issues raised.
- You will receive a response within 25 working days. Where this is not possible you will be notified of an extension.

What if I am still not happy?

If you remain unhappy following Stage 2, you can contact the Local Government Ombudsman (LGO). The LGO is an independent body who investigates many types of complaints about councils.

You can contact them by:

- Phone – 0300 061 0614
- Email - www.lgo.org.uk

Your voice matters:

Please use the QR code below to share your experiences with us. It is important for us to know how you feel about your time with the service and what has been helpful or not.

**Thank you for working with
our youth justice team**

**Please share your experiences with
us by completing this short survey**

Scan here



YJS | Youth
Justice
Service

North East Lincolnshire

