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| --- | --- | --- | --- |
| First Name: | Surname: | Date of Birth: | Date: |

**HeadStart Kent**

**Resilience Self-Reflection**

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| **Put a tick in the box reflecting on how you have felt in the past two weeks.** | **Usually** | **Sometimes** | **Rarely** | **Not sure** |
| **Feeling Secure** *(How secure you feel in yourself, in physical places, and with those around you)* |  |  |  |  |
| I have someone I trust |  |  |  |  |
| I get on with my parent/carer |  |  |  |  |
| I have someone outside of my family to talk with |  |  |  |  |
| I feel safe outside of my home |  |  |  |  |
| I feel safe inside my home |  |  |  |  |
| I use the internet safely |  |  |  |  |
| I feel like I can keep myself safe |  |  |  |  |
| I think people around me feel safe |  |  |  |  |
| **Health** *(Your health and wellbeing and of those around you)* |  |  |  |  |
| I consider myself to have good physical health |  |  |  |  |
| I consider myself to have good mental health |  |  |  |  |
| My family have good health and wellbeing |  |  |  |  |
| My family support each other to remain well |  |  |  |  |
| I know where to go if I am concerned about my health |  |  |  |  |
| I know where to go if I am concerned about others |  |  |  |  |
| **Emotions & Behaviours** *(Having the skills to manage your emotions and behaviours as well as feeling positive about the future)* |  |  |  |  |
| I feel good about myself |  |  |  |  |
| My parent/carer expects me to take responsibility for my actions |  |  |  |  |
| I express my emotions without harming others or property |  |  |  |  |
| I am looking forward to the next few years |  |  |  |  |
| I can manage my worries and anxieties |  |  |  |  |
| I know how to deal with things I see on the internet and how they impact me |  |  |  |  |
| **Education** *(Your learning, trying new things, and the support from others to help with these)* |  |  |  |  |
| There are subjects I enjoy |  |  |  |  |
| I have someone at home who helps me get to school |  |  |  |  |
| I have someone who helps with my school work if I need it |  |  |  |  |
| I have somewhere I can do my school work |  |  |  |  |
| I support my peers when they need it |  |  |  |  |
| I can access sites online that support my learning |  |  |  |  |
| I have someone at school that understands my wellbeing |  |  |  |  |
|  |
| **Put a tick in the box reflecting on how you have felt in the past two weeks.** | **Usually** | **Sometimes** | **Rarely** | **Not sure** |
| **Friendships** *(The importance of having friends, positive peers, and being a good friend)* |  |  |  |  |
| I have at least one good friend who I trust |  |  |  |  |
| My parent/carer likes my friends |  |  |  |  |
| I have friends outside of school |  |  |  |  |
| I have somewhere to be with my friends |  |  |  |  |
| I show respect to my friends |  |  |  |  |
| I treat my friends online as I would face to face |  |  |  |  |
| **Talents and interests** *(Being able to access activities you enjoy, are good at, or want to do)* |  |  |  |  |
| I have an activity I like doing |  |  |  |  |
| I do activities with my family  |  |  |  |  |
| I have someone who helps me to do an activity |  |  |  |  |
| I would like to start a new hobby or go to a new club |  |  |  |  |
| I am open to trying new things |  |  |  |  |
| I use the internet to find out about new opportunities in my area |  |  |  |  |
| **To be read and completed by young person:**I give my consent for my self-reflection to be seen by HeadStart Kent and any delivery partners who support me.Signed: .................................................................... Date: ..................................... |

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| TO BE COMPLETED BY SCHOOL STAFF Insert staff name here: ……………………………………………………………….*Please complete information below and pass to the member of staff responsible for HeadStart monthly data returns.* |
| Do you need to have a follow up conversation? Yes / No |
| Date of conversation: UPN of young person:  |
| Is further support required from the list below? Yes / No *– if yes, please provide details below* |
|  |
| **Support discussed *(where available)*** | **Offered** | **Interested** | **Taken up** | **Completed** |
| Safe space |   |   |  |  |
| Peer mentor |   |   |  |  |
| Online support & counselling  |   |   |  |  |
| Intensive mentoring |  |  |  |  |
| Volunteer mentoring |  |  |  |  |
| Family group transition work |  |  |  |  |
| Talents & interests grant |  |  |  |  |
| Other services or support discussed (please give details) |  |



