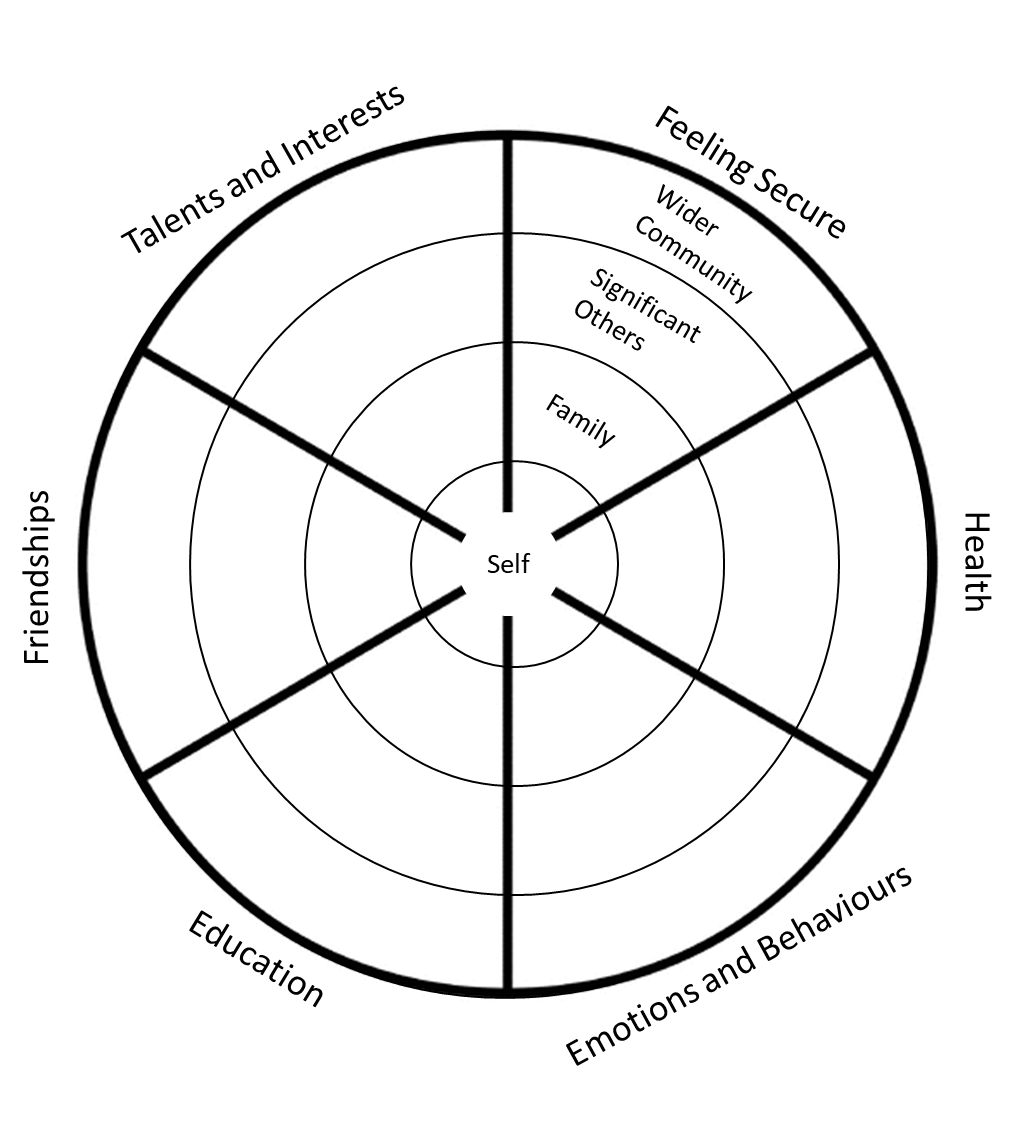
|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | **DOB:**  **Date of conversation:** |
| **Name of worker having conversation:** | **Organisation:** | **Young person’s school:** |

|  |  |
| --- | --- |
| **Area of Resilience** | **Action** |
| **Feeling Secure** *-**How secure you feel in yourself, in physical places, and with those around you.* |  |
| **Health** *- Your wellbeing and physical health and of those around you.* |  |
| **Emotions and Behaviours** *-**Having the skills to manage your emotions and behaviours as well as feeling positive about the future.* |  |
| **Education** *-**Your learning, trying new things, and the support from others to help with these.* |  |
| **Friendships** *-**The importance of having friends, positive peers, and being a good friend.* |  |
| **Talents and Interests** *-**Being able to access activities you enjoy, are good at, or want to do.* |  |



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| --- | --- | --- |
| **Support discussed (where available)** | **Offered** | **Interested** |
| Safe space |  |  |
| Peer mentor |  |  |
| Online support & counselling |  |  |
| Volunteer mentor |  |  |
| Intensive mentor |  |  |
| Talents & interests grant |  |  |
| Family group work (transition) |  |  |
| All other services or support discussed: |  |  |

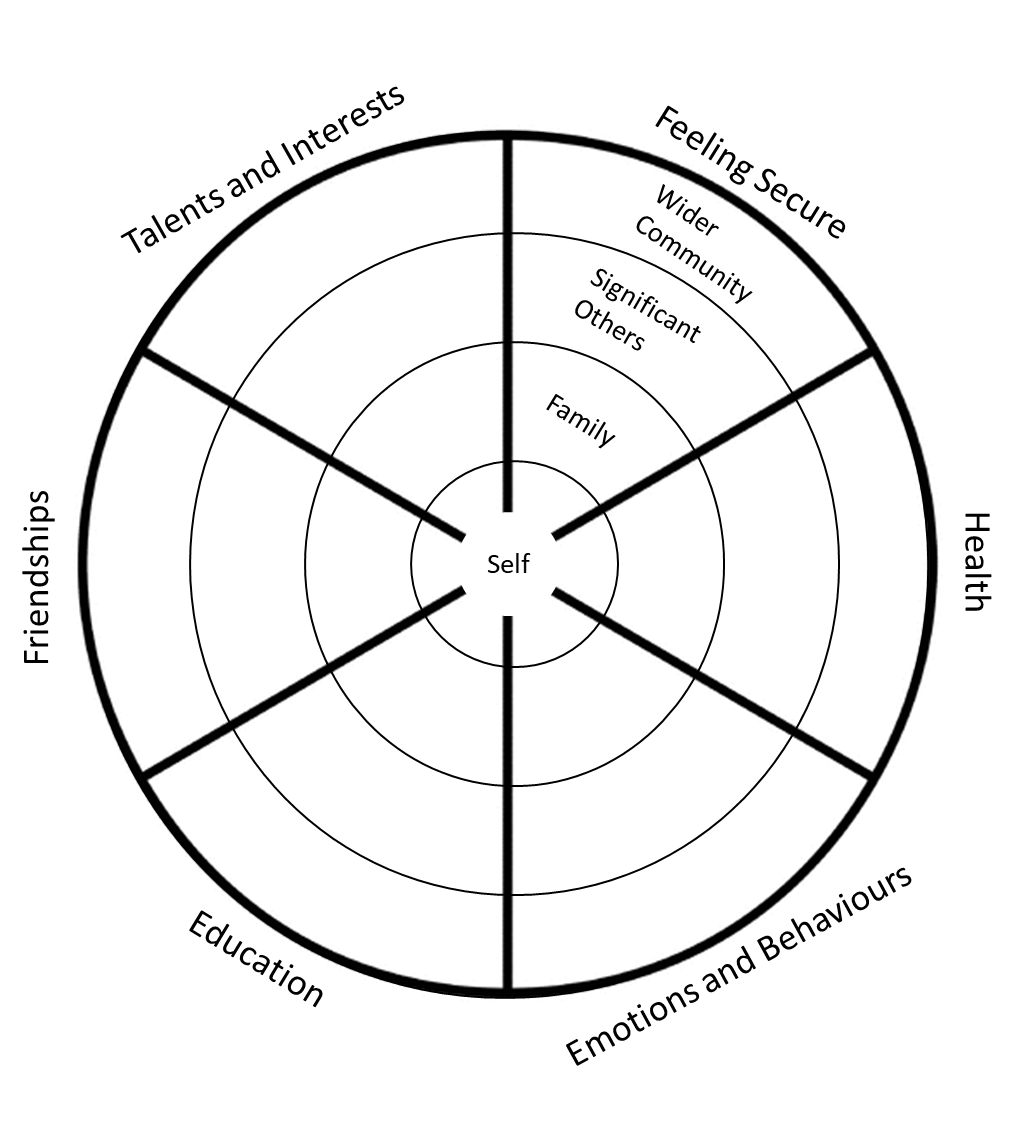
**To be read and completed by young person:**

*I give my consent for this tool to be seen by HeadStart Kent and any delivery partners who support me.*

Signed: ....................................................................

Date: .....................................

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| **Area of Resilience** | **Actions completed** | **What’s changed as a result?** |
| **Feeling Secure** *-**How secure you feel in yourself, in physical places, and with those around you.* |  |  |
| **Health** *-**Your wellbeing and physical health and of those around you.* |  |  |
| **Emotions and Behaviours** *-**Having the skills to manage your emotions and behaviours as well as feeling positive about the future.* |  |  |
| **Education** *-**Your learning, trying new things, and the support from others to help with these.* |  |  |
| **Friendships** *-**The importance of having friends, positive peers, and being a good friend.* |  |  |
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|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | **DOB:**  **Date of conversation:** |
| **Name of worker having conversation:** | **Organisation:** | **Young person’s school:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support discussed (where available)** | **Offered** | **Interested** | **Taken up** | **Completed** |
| Safe space |  |  |  |  |
| Peer mentor |  |  |  |  |
| Online support & counselling |  |  |  |  |
| Volunteer mentor |  |  |  |  |
| Intensive mentor |  |  |  |  |
| Talents & interests grant |  |  |  |  |
| Family group work (transition) |  |  |  |  |
| All other services or support: |  |  |  |  |

**To be read and completed by young person:**

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Signed: ....................................................................

Date: .....................................