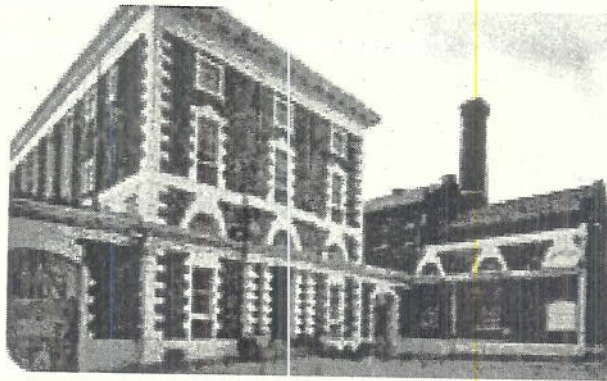




HMYOI AYLESBURY



**Working together to
rehabilitate young people**



First Night Needs Assessment

Full Name:		NOMS Number:	
Preferred Name:			

Smoker/Non Smoker:		IEP Level (Enter on CNomis)	
CSRA Rating:	Standard/High	Ethnicity	

Date of Birth:		PSO 4400/CPR Measures Apply:	
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Transferred from:		Index Offence:	
Sentence:		Date of Reception:	

Introduction

The Immediate needs assessment has a vital role to play in a young prisoner settling into HMYOI Aylesbury. The contents of the Plan will ensure that the needs of individuals are identified and targeted; The Immediate needs assessment will ensure an approach that allows for continuity of care involving a whole of prison response to meeting the personal, social and emotional needs of offenders whilst in custody

(Part one) Immediate Needs pages (3 -6)

This is the first part of the Assessment document that will identify the Immediate Needs of the young person and to target these needs within the first 24 hrs of being in custody at HMYOI Aylesbury.

Immediate Action Plan Page (7)

Any Immediate needs recognised should be outlined on this page and subsequently targeted by the person responsible

Managers Checklist Page (8)

Induction Completion Assessment Page (9)

Follow up assessment Page (10)

This should be completed on Day Two of the Young Persons Custody.

IF THE YOUNG PERSON DOES NOT SPEAK ENGLISH REFER TO DIVERSITY S/O
AND "THE BIG WORD".

Immediate Needs

Next of Kin: Address:
Contact Number:

Dependants Names and Ages:
1
2
3

Is this the first time that the young person had been in Prison?	*YES	NO
If NO then assess young prisoners induction needs ie does the prisoner need to complete all aspects of induction		

Is the young prisoner appealing against Sentence/conviction	*YES	NO
---	------	----

Can the young person read and write?	*YES	NO
If NO please make entry in the Unit Observation Book		

Is the young prisoner aware of Samaritans, Listeners, Insiders etc.	*YES	NO
If NO then explain support structures		

Does the young person have a history of Self-Harm?	*YES	NO
If YES, Offer support. Explain all avenues of support including listeners, Samaritans		

Does the young person have any dependants?	*YES	NO
If YES, are adequate arrangements made for their care and maintaining contact?		

Immediate Needs

Is there a completed Cell Sharing Risk Assessment? If NO then complete CSRA	*YES	NO
--	------	----

Does the young person have any disabilities?	*YES	NO
If YES, are there any special arrangements in place?		

Are you expecting to receive any form of Medical treatment today?	*YES	NO
---	------	----

Does the Young Prisoner have any Health problems that you have not informed the Medical staff about?	*YES	NO
--	------	----

Does an ACCT plan need to be opened?	*YES	NO
If YES inform Safer custody Senior Officer		

Does the young prisoner have any gang related issues or problems with other young men in this prison or externally?	*YES	NO
<p>1. If YES which gang are you a member of</p> <p>2. Is there any risk to you from other gang members</p> <p>3. Are you a risk to other gang members</p> <p>4. Any other info</p>		

Immediate Needs

Have you ever used drugs, gases, alcohol, solvents or any other substances? If so what have you been using					*YES	NO
Nothing	Cannabis	Benzodiazepine	Cocaine	Heroin		
Solvents	Alcohol	Methadone	Barbiturates	Amphetamine		
Other :-						

If YES immediately inform the CARATS team

Does the young prisoner speak/write English?		*YES	NO
If NO What is the prisoners First language? Then refer to Diversity SO and "Big Word"			

Have you informed the young prisoner who their Personal Officer is?		*YES	NO

Does the young prisoner understand their entitlement to a Reception VO?		*YES	NO
Booking Number: 01296 444000			

Immediate Needs

A1	Asian - Indian	Identified Disability / Impairments:
A2	Asian - Pakistani	
A3	Asian - Bangladeshi	
A9	Asian - Other	
B1	Black - Caribbean	
B2	Black - African	
B9	Black - Other	
M1	Mixed - White & Black Caribbean	
M2	Mixed - White & Black African	
M3	Mixed - White Asian	
M9	Mixed - Other	(If Yes, state condition(s) and complete Disability Questionnaire)
NS	Not stated	
O9	Other	
W1	White - British	Religion?
W2	White - Irish	
W8	Traveller	
W9	White - Other	

Have the following been completed?		Please enter any additional comments here
Health Screen		
Offered Shower		
Offered Phone Call		
Offered Insider		
Offered Listener		
Seen by duty Governor		
Canteen Pack		
Signed TV Compact		
Have the following been completed within 72hrs?		
IEP Folder created		
Personal officer allocated		
Signed TV Compact		
Personal identifiers checked on CNomis		
WSRA Complete and entered on CNomis		

Remember-Pass first night monitoring sheet to night staff

Immediate Action Plan

This page is to allow any Immediate needs identified during the interview, be outlined and then persons or departments responsible targeted

Reference	Needs recognised	Person or Dept responsible	Date	Date actioned

Name of interviewing Officer

Sign

Print

Date

C Wing/Induction Unit Manager's Checklist

To be completed within the first 24 hours.

Has the First Night Interview been completed?	*YES	NO
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If 'No' what are the reasons why? <i>(Please specify)</i>

Are there any issues regarding vulnerability?	*YES	NO
---	------	----

Does the young person present a risk to other young people or staff due to the nature of their offence or previous history?	*YES	NO
---	------	----

I am satisfied that all the First Night Care procedures have been followed and adequate measures are in place to protect the young person.

Sign	Print	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Induction Completion Assessment

Has the young person settled into the establishment?	*YES	NO
--	------	----

Do they know how to make applications for the following?	Gym	*YES	NO
	Showers	*YES	NO
	Telephone	*YES	NO
	Prop on Visits	*YES	NO
	Healthcare	*YES	NO

Answers to the following question should be supported by verbal evidence from the young person:

Do they understand the complaint process?	*YES	NO
Do they know how to report Equality Incidents?	*YES	NO
Have they completed Gym Induction?	*YES	NO
Is their cell kept up to the required standard?	*YES	NO
Can they explain what is expected of them in terms of behaviour?	*YES	NO
Does the young person know how to send out a Visiting Order?	*YES	NO

Does the young person have any questions?	*YES	NO

Has the Cell Sharing Risk been completed and entered onto CNOMIS	*YES	NO
--	------	----

Date Induction Completed: _____

Name of young prisoner: _____ Signature: _____

Follow up Assessment

This Young adult has had the opportunity to undertake and engage in a full Induction Programme and is now ready to move onto another unit.

Signed C wing/induction unit S/O

Signed Young Prisoner

If the Young Prisoner is NOT given a full Induction state reason why here: (e.g previously completed it within last 6 months)

No Young prisoner should leave C Wing until they have completed a full Induction, and been signed off by the unit Senior Officer.

Induction Training Record

Module 2 Aylesbury	
Assessment: Prisoner has been informed and discussed the following:- <ul style="list-style-type: none"> Prison/YOI rules including local wing rules and regimes Aylesbury prison life Facilities and local information about the IEP scheme etc Sources of assistance, including ongoing support for vulnerable prisoners, personal officer scheme, PIP process and Anti bullying measures. Application/complaints procedures Formal procedures including Adjudications, early release and deportation Opportunities to learn new skills and prepare for release Legal services Preserving outside links CARATS How to access healthcare services Chaplaincy and religious activities Assisted prison visits scheme 	
Recommendations:	
Personal Officer:	
Completed by:	Date:

Gymnasium Induction	
Assessment:	
Recommendations:	
Completed by:	Date:

Resettlement Officer Induction	
Assessment:	
Recommendations:	
Address on release (If known):	
Completed by:	Date:

Chaplaincy/Equality Induction		
Assessment:		
1 st Interview Completed by:		Date:
2 nd Interview Completed by:		Date:
Group work Completed by:		Date:

Offender Supervisor Assessment	
Assessment:	
Recommendations:	
Completed by:	Date:

Education/Tribal Assessments	
Assessment:	
Recommendations:	
Completed by:	Date:

CARATS	
Assessment:	
Recommendations:	
Completed by:	Date:

IMB	
Completed by:	Date:

Induction

Finance, Benefit & Debt

This questionnaire should be read to a Prisoner who has recently arrived at HMYOI Aylesbury and completed by an Officer. If the prisoner does not want to complete form please state below.

Name:	Number:	Date:
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1. Are you in debt? YES ☐ NO ☐

2. What is your Ethnic Origin?

1. Asian ☐ 2. Black ☐ 3. White ☐ 4. Mixed Origin ☐ 5. Other ☐

3. What was your main source of income before reception into custody?

	One Only (✓)
1. Paid employment	
2. Benefits	
3. Other family	
4. Partner	
5. Parents	
6. Crime	
7. Other	
8. No response	

4. What will your main source of income be on release?

	One Only (✓)
1. Paid employment	
2. Benefits	
3. Other family	
4. Partner	
5. Parents	
6. Crime	
7. Other	
8. No response	

5. What benefits were you claiming prior to coming to prison?

	Yes / No (1 / 2)
A. Child	
B. Disability	
C. Income Support	
D. None	
E. Other	

6. If you are currently in debt, how much do you owe?

	One Only (✓)
1. Under £100	
2. £100 – under £500	
3. £500 – under £1000	
4. £1000 – under £5000	
5. £5000 – under £10,000	
6. £10,000 – under £20,000	
7. £20,000 – under £50,000	
8. £50,000 – under £100,000	
9. Over £100,000	
10. Not applicable	
11. No response	

7. To whom are you in debt?

	Yes / No
A. Family/friends	
B. Courts	
C. Other	
D. Banks/credit cards	
E. Local authority	
F. Unauthorised Lending Services e.g. loan shark, dealer	
G. Not applicable	

8. Do you have a bank or building society account?

Yes ☐ No ☐

9. On release, will you have access to money other than the discharge grant?

Yes ☐ No ☐

Not Sure ☐

10. Have you had your financial needs assessed since being in prison?

	One Only (✓)
1. Here at Aylesbury	
2. In another prison	
3. No	
4. Don't know	

11. Are you currently receiving help with finances, benefits or debt?

	One Only (✓)
1. Yes	
2. Awaiting appointment	
3. No, but I would like some help	(Refer to Resettlement)
4. I do not need any help	

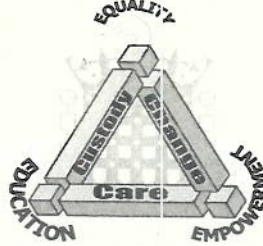
12. How much was problems with money linked to your offending?

	One Only (✓)
1. Not at all	
2. A bit	
3. A lot	
4. Major cause of offending	

Details of the Officer who completed this questionnaire

Name:	Signature	Date
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HMYOI AYLESBURY



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Disability questionnaire

In order to meet your needs whilst in HMYOI Aylesbury, we need to be aware of any disability you may have.

In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

Progressive conditions considered to be a disability

There are additional provisions relating to people with progressive conditions.

People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairments are automatically deemed to be disabled.

Conditions that are specifically excluded

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non-prescribed substances.

HMYOI Aylesbury Induction Unit

To Be Completed by Staff on Reception/Induction

Full name: (Print)		Prison number:	
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Please note: It will be necessary to share relevant information with staff including healthcare, to verify the level of your disability and ensure that any reasonable adjustment that you may need can be put in place. However, this will only be to the extent necessary, and otherwise the information will be treated as confidential.

This form will be held in your personal records and will be only made available to people responsible for catering for your needs.

Do you have a disability you wish to disclose at present?

(Circle Yes or No)

Yes (please move to page 2)

Refuses to Sign please State below

NO (please sign below to confirm you have had the opportunity to discuss any Disabilities)

Note: You may disclose information about yourself at any time in the future should you wish to do so.

Officers Name:	Signature	Date
Prisoners Name:	Signature	Date

Please indicate below any disability that is relevant to you

DISABILITY	CNomis CODE	TICK	DIABILITY	CNomis CODE	TICK
Hearing difficulties	hd		Dyslexia	DY	
Visual impairment	vi		Severe disfigurement	SD	
Reduced physical capacity	rc		Speech impediment	SI	
Progressive condition	pc		Other (detail below)	OD	
Learning difficulties	ld		No disability	ND	
Reduced mobility	rm		Refused to disclose	RD	
Mental illness	mi				

If any ticks please refer to the HCC staff

Other information (Print)		
Does your disability affect your ability to participate in normal day-to-day activities?		
		Yes No
If yes, how does this affect you? (print)		
Please make any other comments you feel are relevant to your disability.		

HMYOI Aylesbury Induction Unit

STATEMENT

I understand that the information given on this form will remain confidential.

It will only be made available to staff concerned with providing services and making arrangements for my day-to-day needs whilst i am in HMYOI Aylesbury and if necessary, after my transfer / discharge.

Print Name

Signature

Date

Prisoner

____/____/____

A member of staff

____/____/____

(Now place in tray for Diversity Senior Officer)

Entered On CNOMIS

____/____/____

Information medically verified

____/____/____