|  |  |  |
| --- | --- | --- |
| **Aspect** | **Comment** | **Potential stress indicator** |
| Presenting appearance |  |  |
| Presenting behaviours |  |  |
| Presenting speech & language |  |  |
| Psychomotor activity:restlessness, tapping, starting and ending sentences, talking over, tasks abruptly, fidgeting, pacing, hand-wringing, fast talking, racing thoughts, crowded thoughts, moving objects for no reason. |  |  |
| Thought processes, focus and content. Cognitive statusIntentional states – directed towards something, an object, such perceptual/nonconceptual such as sights and sounds.phenomenal properties – how something ‘feels’, e.g. cognitive/conceptual such as beliefs and desires | Judgements, insight, perceptions about self / others  |  |  |
| Indications about memory-short and long term |  |  |
| Attention span  |  |  |
| Visual - spatial awareness / Coordination |  |  |

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| --- |
| **Client’s family status & relationships** |
|  |
| **Siblings / children** |  |  |  |  |  |
| **Age** | **M/F** | **M/F** | **M/F** | **M/F** | **M/F** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parental status** | **Employed** | **Absent / date** | **Deceased /date** | **Client relationship** **(1 rare/difficult- 5 regular/good)** | **Comments** |
| **Parent** |  |  |  |  |  |
| **Parent** |  |  |  |  |  |
| **Other resp adults** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Local Support** | ***True*** | ***Somewhat true*** | ***Not true*** |
| I have reliable family close by who I see regularly and offer support if I need |  |  |  |
| Details / dates |  |
| I have reliable friends close by who I see regularly and offer support if I need |  |  |  |
| Details / dates |  |

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| --- |
| **Well-being** **Please enter: date last assessed or NK not known** |
| Type: | Date and Comments: | Type: | Date and Comments: |
| Dental |  | Hearing |  |
| Sight |  | Sleep |  |
| Activities / sports / lifestyle |  |
| Hobbies and interests |  |

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| --- |
| Health and Safeguarding considerations and potential risks: |
| **1. Main presenting issues** and problems including associated / potential risks to current and future social, emotional wellbeing and engagement with their education / impact on life choices.* What are the main presenting problems / issues
* Circumstances, frequency & duration.
* Impact on life i.e. routine/ eating/social life/family/friendships /sleeping?
* How long has it been going on?
* Scaled assessment of impact on life or aspects of life (1 to 10 –can be used to monitor progress).
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|  |
| **2. Have there been / are there any significant events? (predisposing) in their life?**When where, what, who of any challenging or adverse experiences the child and/or family have faced recently or historically:family mental or physical health issues.* suicide
* income / economic reasons
* parental separation
* relationship loss / breakdown
* SEN / disabilities e.g. learning disabilities undiagnosed conditions
 |
|  Type: | Yes or no |
| Any current or recent medical issues or allergies (last five years)? |  |
| Details / dates |  |
| Medication – is the client currently on any medication? |  |
| Details / dates |  |
| Any current or recent social, emotional or mental health issues e.g anxiety, depression? |  |
| Details / dates |  |
| Any previous social, emotional or mental health support .e.g. counselling? |  |
| Details / dates |  |
| Any family or historical health issues? |  |
| Details / dates |  |
| Any family or historical mental health issues? |  |
| Details / dates |  |
| Does the client smoke? |  |
| Does the client use alcohol? |  |
| Details / dates |  |
| Substance misuse? |  |
| Details / dates |  |
| Self-Harm- has the client ever self-harmed? |  |
| Details / dates |  |
| Harm to others - has the client ever been violent to other people or animals? |  |
| Details / dates |  |
| Food allergies or Eating disorders |  |
| Details / dates |  |
| Police Involvement, been to court or a fire starter? |  |
| Details / dates |  |
| Describe your relationship with your mother as you grew up. What was she like? Did you feel close to her? |  |
| Describe your relationship with your father as you grew up. What was he like? Did you feel close to him? |  |
| Describe your relationship with your siblings as you grew up.What were they like? Did you feel close to them? |  |
| Describe your relationship with your friends as you grew up.What were they like.? Did you feel close to them? |  |
| Describe your relationship with your teachers, the police and other authority figures as you grew up.Did you have any difficulties? |  |
| How did you do in school. Did you have friends? How did you do academically, socially, sportingly? |  |
| What is your closest relationship? How long has it lasted? Have there ever been any problems? |  |
| What are relationships like generally with other people?Are they different with different groups e.g friends and work?Is there any difference between how you relate with men and women?Living alone, friend’s death or loss, loss of romantic relationships? |  |
| What was school/ college life for you. How well do you feel you did at school, college etc.What were the best and the worst bits?Illiteracy, level of academic ability cognition/understanding, academic or peer issues / relationships |  |
| What do you do for a living?What is your working life like?What are the best and worst bits about your working life?Job loss, discord with boss or co-workers, job dissatisfaction, financial / trust issues |  |
| Where do you live?What’s it like in your neighbourhood?Who lives with you?Is it rented / owned etc?Dynamic / instability, homelessness / potential, unsafe, neighbourhood |  |
| **3. What are the antecedents, triggers or precipitating events or circumstances?*** What happens/has happened that triggers the presenting issues?
* How have parents/carers/ school responded to the emergence of the child’s behaviour?
* Have there been any significant changes for the young person?
* Who, where, when and why do you think it all started?
* What is the first thing you notice? Are there any physical symptoms, thoughts or feeling in the lead up, during and how do you feel afterwards?
* How have parents/carers/ school responded to the ongoing development of the child’s behaviour?
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|  |
| **4a. What’s helping? (protective)?*** What are the strengths of the young person?
* What are the strengths of the parents/carers/family and/or what positive progress have the family made?
* What are the strengths of the school?
* What are the strengths of other agencies involved?
* When is it better? With one person/ certain people?
* Where is it better? (school, home etc)
* What helps them to cope/feel better? (School/Interests/Achievements/Behaviour/Strategies using?
 |
|  |
| **4b. What support has been offered so far?*** Are there any other services involved supporting the young person / family and what work are they undertaking?
* Has there been any previous support in place? Did this have any impact?
* What strategies have been put in place to support at home and in school?
* How long have strategies been tried for?
* What steps have been taken in relation to the graduated approach within school?
* What strategies are used at home?
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| **5. What’s the sticking point, keeping the problem going (perpetuating).*** What do you feel is maintaining the presenting issues?
* What support do you feel is still needed?
* Do they seek reassurance/avoid things etc?
* What avoidance, management & coping strategies do you have or use? How effective are they?
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|  |
| **6. What might happen if they don’t address these issues? (predicting)?*** What are everyone (parents, teachers etc.) else’s concerns about what will happen if we do not effectively address the presenting issues?
* How are their relationships and well being going to be affected in the long term now and in the future. Consequences?
* How are their life chances going to be affected now and in the future? Consequences?
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