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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff completing this form | |  | | | | Role |  | | |
| Email address | |  | | | | Date |  | | |
| On behalf of which school or organisation. | | | |  | | | | | |
| **Details of Child / Young Person / Client** | | | | | | | | | |
| Legal Full Name: | |  | | | | Date of Birth: | | |  |
| Client code | |  | | | | School year | | |  |
| Biological gender | |  | | | | Preferred gender ID | | |  |
| Statement / EHCP? | | Yes / No | | | | LAC Child/Student: | | | Yes / No |
| For (outline)? | |  | | | | Free School Meals: | | | Yes / No |
| Address where the client lives: | | | | | | Ethnicity: | | |  |
|  | | | | | |  | | |  |
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| **Parent / Carer / Emergency Contact Details:** | | | | | **School senior manager / lead practitioner / key worker responsible for this young person details if different from the above:** | | | | |
| Name:  Relationship to Student:  Address:  Contact telephone number: | | | | | Name:  Role:  Contact telephone number:  Email: | | | | |
| **Client’s family status & relationships** | | | | | | | | | |
|  | | | | | | | | | |
| **Siblings / children** |  | |  | |  |  | |  | |
| **Age** | **M/F** | | **M/F** | | **M/F** | **M/F** | | **M/F** | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parental status** | **Employed** | | | **Absent / date** | **Deceased /date** | | **Client relationship**  **(1 rare/difficult- 5 regular/good)** | | **Comments** | | |
| **Parent** |  | | |  |  | |  | |  | | |
| **Parent** |  | | |  |  | |  | |  | | |
| **Other resp ad** |  | | |  |  | |  | |  | | |
| **Other resp ad** |  | | |  |  | |  | |  | | |
| **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 |  | | | | | | | | | | |
| **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 | | |  | | | | | | | | | |
| **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). | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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 | |  | | | | | | | | | | |
| Other. | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **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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| **Sharing Information:** | | | | | | |
| I agree / the parent has agreed to the sharing of information, when appropriate, with the services listed below: | | | | | | |
| School | Yes / No | | CAMHS | Yes / No | | |
| School Nurse | Yes / No | | Social Services | Yes / No | | |
| GP | Yes / No | | Other | Yes / No | | |
| If your child / the young person working with any of the above (or other) services already please provide any relevant details below: | | | | | | |
| Service: | | Name of Key Person: | Details of work | | Telephone or email address: | |
|  | |  |  | |  | |
| Safeguarding and Support | | | | | | |
| The parent/carer has given consent for school staff to seek additional support for the young person where the school considers it appropriate. | | | | | | Yes / No |
| The parent / carer has agreed to inform school of any issues that may impact on the safety of the young person. | | | | | | Yes / No |
| Medical Consent | | | | | | |
| The parent / carer has given consent for the young person to be administered first aid / treated by a medical professional if they become ill whilst in our care. | | | | | | Yes / No |