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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).
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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 |  |
| 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?
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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?
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| **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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| **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 |