**The Story So Far…**

**C&F**

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| **Date** |  | **VERSION** |  |

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| 1. **Details of Author** | | | |
| **Name** |  | **Work Address** |  |
| **Role** |  | **Organisation** |  |
| **Telephone** |  | **E-mail** |  |

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| 1. **Details of Main Child** | | | | | | | | | |
| **Name** | | **D.O.B** | | | **Gender** | **Disability** | **UPN** | | |
|  | |  | | |  | **Yes/No** |  | | |
| **ADDRESS:** | | Are there any other siblings YES ; NO; If yes please complete section below and indicate if they are to be included in the story so far | | | | | | | |
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| **Child/ren’s Name** | | **DOB** | | **Gender** | | **Disability** | **UPN** | | **Incld** |
|  | |  | |  | | **Yes/No** |  | |  |
|  | |  | |  | | **Yes/No** |  | |  |
|  | |  | |  | | **Yes/No** |  | |  |
|  | |  | |  | | **Yes/No** |  | |  |
| **Ethnicity** | **Religion** | | **First Language** | | | | | **Interpreter required** | |
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| Tell us about any special requirements i.e. disability, language or communication issues for the child, siblings, and/or parent/carer. |  | | | | | | | | |

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| 1. **Details of Parents/Carers** | | | | | | | | | |
| **Name 1st parent** | **Address** | | | **Tel No.** | | **DOB** | | | **Ethnicity** |
|  |  | | |  | |  | | |  |
| **1st Language** | | **Relationship to Child/YP** | | | **Interpreter required** | | | **Parental Responsibility** | |
|  | |  | | |  | | |  | |
| **Asylum Seeker** | | | **Refugee Status** | | | | **Exceptional leave to remain** | | |
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| **Name 2nd parent** | **Address** | | | **Tel No.** | | **DOB** | | | **Ethnicity** |
|  |  | | |  | |  | | |  |
| **1st Language** | | **Relationship to Child/YP** | | | **Interpreter required** | | | **Parental Responsibility** | |
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| **Asylum Seeker** | | | **Refugee Status** | | | | **Exceptional leave to remain** | | |
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| Is there anyone else staying within the family home on a temporary or permanent basis? YES / NO, | | | |
| **Name** | **DOB** | **Tel No.** | **Relationship** |
|  |  |  |  |
| **First Language** |  | **Interpreter required** |  |

\*please add further boxes to record additional parents/carers/guests

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| 1. **Who else is working with the family**   *Please include health, education and any other agencies currently involved with the family* | | |
| **Agency** | **Professionals Name** | **Contact Details** |
| **GP** |  |  |
| **Health Visitor** |  |  |
| **School Nurse** |  |  |
| **School** |  |  |
| **Dentist** |  |  |
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| 1. **Why has the Story So Far been started?** |
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| 1. **Story So Far…Family Voice** (SEMH – **Assess**/Plan/Do/Review) | |
| **What’s working well** | **What’s not working well** |
|  |  |
| **What do you think needs to happen to make thing better (family)** | |
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| 1. **Have you or your family had any help before?** | |
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| **What worked well and why** | **What didn’t work as well and why** |
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| 1. **Story So Far…Child/Young Person Voice** (SEMH – **Assess**/Plan/Do/Review)   *Where child/YP is unable to verbally communicate, consider observations and information from a range of people who have contact with that child and can offer some insight.* | |
| **What’s working well** | **What’s not working well** |
|  |  |
| **What do you think needs to happen to make thing better (Child/Young Person)** | |
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| 1. **Story So Far…Professional Voice** (SEMH – **Assess**/Plan/Do/Review) | | |
| **Professional Agency / Name:** |  | |
| **Date Completing:** |  | |
| **What’s working well** | | **What’s not working well** |
|  | |  |
| **What do you think needs to happen to make thing better (professional)** | | |
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| 1. **Story So Far…Professional Voice** (SEMH – **Assess**/Plan/Do/Review) | | |
| **Professional Agency / Name:** |  | |
| **Date Completing:** |  | |
| **What’s working well** | | **What’s not working well** |
|  | |  |
| **What do you think needs to happen to make thing better (professional)** | | |
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\*please add more boxes for each professional who adds to the story.

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| 1. **Chronology of Significant Life Events:** | |
| **DATE** | **What happened?** |
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| 1. **Family History and Wider Family** (SEMH – **Assess**/Plan/Do/Review) |
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| 1. **Other useful information…** (SEMH – **Assess**/Plan/Do/Review) | | | |
| Areas you may wish to consider that might help to identify support needs… | | Parent/Carer | Child/YP |
| Is anyone in your family affected by domestic abuse currently or in the past? | |  |  |
| Are there any issues around an adult's social and emotional wellbeing? | |  |  |
| Are there any issues in your family with contact arrangement between your child and a parent? | |  |  |
| Are there any issues with Debts or not having enough money to provide for your family? | |  |  |
| Are there any issues with poor housing or possible homelessness | |  |  |
| Are you a young or inexperienced parent or maybe did not have a good experience of parenting growing up? | |  |  |
| Are there any issues in the family that prevent them offering support/or your family do not live locally? | |  |  |
| Are there any issues of physical illness in your family? | |  |  |
| Has alcohol misuse been an issue for a family member? | |  |  |
| Has drug misuse been an issue for a family member? | |  |  |
| Is Anti-social behaviour a problem? (within or outside of your family) | Other |  |  |
| Are there any issues with attendance & truancy and have there been any exclusions | |  |  |
| **Further Information?**  *If you have identified any further information above that are has not been discussed elsewhere in the Story please expand on this here.* | | | |
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| 1. **Summary** (SEMH – **Assess**/Plan/Do/Review)   *From the summary, you will be able to draw conclusions that will inform decisions to develop a support plan.* |
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| 1. **What needs to happen next?** (SEMH - Assess/**Plan**/Do/Review) | | | |
| **What is the desired outcome?** | **How is this going to be achieved?** | **Who** | **When** *(commencement/completion date is required)* |
| *I.e. Sam and his family have enough money to live on.* | *Referral to be made to welfare rights to support Sandra to make relevant benefit claims.* | *A N Other*  *Sandra* | *Referral to Welfare rights by 12/5/15* |
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| **1st TAF Meeting Date:** |  |

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| Family can be supported through universal services /single agency support  (TAF plan **not** needed - Please register Story So Far) | Universal/single agency support |  |
| A multi-agency approach is needed to co-ordinate support for the family  (TAF meeting to be arranged - Please register Story So Far) | Multi agency support |  |
| Safeguarding concerns have been raised during the completion of the story so far. | Referral to MASH |  |

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| 1. **Consent Statement for Information Storage and Information Sharing** |
| We need to collect the information so that we can understand what help you and your family may need. In doing so we will be gathering and sharing information with services already involved with your family i.e. education/health. If we cannot cover all of your needs, we may need to share some of this information with the other organisations so that they can help us to provide the services you need. We will treat your information as confidential and will only share it with those who can provide a service to you or your family and will only provide the minimum of information on a need to know basis.  There may also be times when the people working with you may need to share information without your permission, e.g. if it is felt that a child or adult is at risk of harm or to prevent crime.  I understand the reasons for information sharing and I agree to the sharing of information, as required    **Please tick** Yes  No |

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| I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:  Me  child/ young people for whom I am a parent  child/ young people for whom I am a carer  I agree that the basic information from the Story So Far will be kept on file for statistical monitoring and evaluation. On occasions a sample of Early Help Assessments are requested for audit purposes.  **Please tick** Yes  No   |  |  |  | | --- | --- | --- | | **I am the named Child/Young Person:**  Name: | Signed: | Date: | | **I am the parent/carer of the named child/YP:**  Name | Signed: | Date: | | **I am the parent/carer of the named child/YP:**  Name | Signed: | Date: | | **Early Help Worker**  Name | Signed: | Date: | |

Do you have a signed copy of the consent on file? **Please tick** Yes  No

**Exceptional circumstances: Concerns about significant harm to infant, child or young person**

If at any time during the course of your involvement you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) procedures and contact the Multi Agency Safeguarding Hub (MASH) on 0161 253 5678 / [childwellbeing@bury.gov.uk](mailto:childwellbeing@bury.gov.uk) .

You should seek the agreement of the child and family before making such a referral unless to do so would place the child at increased risk of significant harm.

All Completed (Single & Multi Agency) **Story So Far** documents are to be sent to

[**earlyhelp@bury.gov.uk**](mailto:earlyhelp@bury.gov.uk)for registration with the Early Help Team

If you have any questions or queries, please contact the Early Help Consultants within your locality:

Bury (including Tottington/Ramsbottom) – 0161 253 5200

Radcliffe – 0161 252 7465/7468

Whitefield (including Prestwich) – 0161 253 5077