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|  NELC logo | SCP logoFamilies First logo | Internal Ref: | Family SA Fraser |
| Review date | October 2021 |
| Version No. | V01.00 |

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| **FRASER COM****PETENCY CHECKLIST TOWARDS A SINGLE ASSESSMENT** |

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| **Name of Child** |  | **Early Help Assessment Author**  |  |

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| **Questions** | **Yes** | **No** |
| 1 | Has the young person explicitly requested that you do not tell their parents about the service they have received? | [ ]  | [ ]  |
| 2 | Have you done everything you can to persuade the young person to inform their parents? | [ ]  | [ ]  |
| 3 | Have you documented clearly why the young person does not wish you to inform their parents? | [ ]  | [ ]  |
| 4 | Can the young person understand the advice they have been given and does s/he have sufficient maturity to understand what is involved in terms of the moral, social and economic implications? Can they comprehend and retain information relating to the service that they have received, especially the consequences of having or not having the intervention in question?Use the following questions to help you. Care should be taken not to underestimate the capacity of a young person with a learning difficulty or other difficulties, to understand. The issues should be explained in simple language, using visual aids and signing if necessary.* Can they use and weigh up this information in the decision making progress?
* Can they communicate their decision?
* Is this a rational decision based on their own religious belief or value system?
* Is the decision of the young person based on a perception of reality e.g. This would not be the case for some with anorexia or a chaotic substance misuser who is unable to comprehend their failing medical condition
 | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  |
| 5 | Are you sure that the young person is making the decision themselves and is not being coerced by significant others, such as a potential sexual partner? | [ ]  | [ ]  |
| 6 | Through your actions are you sure that you are safeguarding and promoting the welfare of the young person? | [ ]  | [ ]  |
| 7 | Without advice, would the young person’s physical or emotional health be likely to suffer? (If applicable) | [ ]  | [ ]  |
| 8 | Would the young person’s best interests require the service to provide advice and support without parental consent? | [ ]  | [ ]  |

You need to be able to answer YES to all of these questions to enable you to decide that you believe that the young person is competent to make their own decision about receiving services without their parent’s consent.

**Child or Young Person’s Signature**

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| --- | --- | --- | --- | --- | --- |
| Signed: |  | Name: |       | Date: |        |

**Single Assessment Author’s Signature**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Name: |       | Date: |        |

Line Manager (Please make bold)

Signed Name Date

(please can you add the boxes as above)

**\*KEEP A COMPLETED COPY OF THIS IN THE YOUNG PERSONS FILE\***