

## Dudley Early Help Assessment

The Early Help Assessment helps children, young people and families to get the help they need at the right time. Everyone working with you wants the best for you and your family and this assessment will help us to understand what support you need and how organisations can all work together to help you. If our service cannot meet all of your needs we will ask for your consent to share your information with other organisations so that they can work with us to provide services and support your family.



### Consent

Has the parent/carer provided consent for the completion of an Early Help Assessment? Yes  No   
 How has consent been obtained? Written  Verbal

### 1. FAMILY DETAILS *(Please add additional rows if required)*

Parent/Carer First Name	Surname	D.O.B (dd/mm/yyyy)	Gender	Parental Responsibility? (Y/N)	Ethnicity (See Appendix A)	Interpreter Required (Y/N) – If Y state language)	Disability/ Additional Needs? (Y/N) – If Y state)
Significant Other/s First Name	Surname	D.O.B (dd/mm/yyyy)	Gender	Parental Responsibility? (Y/N)	Ethnicity (See Appendix A)	Interpreter Required (Y/N) – If Y state language)	Disability/Additional Needs? (Y/N) – If Y please state)
Child/Young Person First Name	Surname	D.O.B (dd/mm/yyyy)	Gender	Parental Responsibility? (Y/N)	Ethnicity (See Appendix A)	Interpreter Required (Y/N) – If Y state language)	Disability/Additional Needs? (Y/N)– If Y please state)
<b>Main Family Address:</b>		<b>Home Tel No.</b>		<b>Address of Significant Other/s:</b>			<b>Home Tel No.</b>
		<b>Mobile Tel No.</b>					<b>Mobile Tel No.</b>

## 2. AGENCIES SUPPORTING THE FAMILY

What services have previously been or are currently involved with this family?

Service	Involvement			Name/Contact Details of Professional	Name/s of Family Member Receiving Support	Dates Intervention Received From/To
	Yes	No	Not Known			
Children's Social Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Children's Adolescent Mental Health Service (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Special Educational Needs/Children's Disability/ Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Nursery provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Secondary School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Further Education provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Education Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Education Welfare/Educational Investigation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adult Services ( <i>Mental Health/Substance Misuse, Disability/ Specialist Health/Older People's Services/Other</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Youth Offending Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Domestic Violence Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
School Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other intervention not listed: (Please state)						

Name of person undertaking this Early Help Assessment

Name		Role:		Organisation:	
Contact No.		Email:		Address:	

**3. REASON FOR THE EARLY HELP ASSESSMENT** *(Please do not leave any fields blank)*

Date this Early Help Assessment started:

**Why does an Early Help Assessment need to be completed for this family?**

Please include; Who identified a need for this Early Help Assessment? What work has been done? Who is involved? What support is being asked for?	
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**What are the parent/carer's views on the reasons for the Early Help Assessment?**

**What are the child/young person's views on the reasons for the Early Help Assessment?**

	In their own words...
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**Who was present during the Early Help Assessment (including Assessor)?**

Name	Relationship	Name	Relationships

**Who was not present during the Early Help Assessment? E.g. absent father, adult siblings**

Name	Relationship	Reason

## 4. ASSESSMENT OF FAMILY'S NEEDS

Throughout the Early Help Assessment the following factors must be considered and captured for each element of the Assessment Framework:

- The impact of each domain of the Assessment Framework upon each individual family member (i.e. Basic Care, Ensuring Safety)
- The views of both the child/young person and parent/carer

<b>CHILD'S DEVELOPMENTAL NEEDS</b> <i>(Please complete this section for each child/young person – Print off additional pages if required)</i>			
<b>NAME:</b>			
<b>Assessment Framework Domain</b>	<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What needs to change?</b>
<b>Health</b> <i>Growth and development, physical/mental well being. Impact of genetic factors and any impairment that needs to be considered. Inc. receiving appropriate health care when ill, adequate nutritious diet, exercise, immunisations where appropriate, developmental checks, dental/optical care. For older children – appropriate advice and info on issues that impact on health i.e. sex education and substance misuse</i>			
<b>Education</b> <i>All areas of cognitive development from birth. Inc. opportunities for play and interaction with other children, access to books, to acquire a range of skills and interests, experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and special educational needs</i>			
<b>Emotional and Behavioural Development</b> <i>Appropriateness of response, demonstrated in feelings and actions by a child, initially to parents and care givers and, as the child grows older, to others beyond the family. Inc. nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degrees of appropriate self care</i>			
<b>Identity</b> <i>Child's growing sense of self as a separate and valued person. Inc. child's view of self and abilities, self image and self esteem, and having a positivity sense of individuality. Cultural identity, age, gender, sexuality and disability may contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, Inc. other cultural groups.</i>			
<b>Family and Social Relationships</b> <i>Empathy and the capacity to place self in someone else's shoes. Inc. stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and any other significant persons in the child's life and response of family to these relationships</i>			
<b>Social Presentation</b> <i>Child's growing and understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Inc. appropriateness of dress for age, gender, culture, and religion, cleanliness and personal hygiene, availability of advice from parents/caregivers about presentation in different settings</i>			
<b>Self-Care Skills</b> <i>The acquisition by a child of practical, emotional and communication competences required for increasing independence. Inc. Early practical skills of dressing and feeding, opportunities to gain self-confidence and practical skills to undertake activities away from the family and independent living skills as older children. Inc. encouragement to acquire social impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.</i>			

<b>PARENTING CAPACITY</b>			
<b>Assessment Framework Domain</b>	<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What needs to change?</b>
<p><b>Basic Care</b>  <i>Providing for the child's physical needs, and appropriate medical and dental care, Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene</i></p>			
<p><b>Ensuring Safety</b>  <i>Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adult's/and or children and from self-harm. Recognition of hazards and danger both in the home and elsewhere. Consider domestic abuse, parental alcohol or substance misuse, crime, anti-social behaviour</i></p>			
<p><b>Emotional Warmth</b>  <i>Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial cultural identity. Inc.'s ensuring the child's requirements for secure, stable, and affectionate relationships with significant adults with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact. Comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement</i></p>			
<p><b>Stimulation</b>  <i>Promoting the child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Inc.'s. Facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life</i></p>			
<p><b>Guidance and Boundaries</b>  <i>Enabling the child to regulate their own emotions and behaviours. Demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, guidance, setting boundaries to enable the child to develop and internal model of moral values and conscience, and appropriate social behaviour. Enable to help the child to grow into an autonomous adult, holding their own values, able to demonstrate appropriate behaviour with others rather than having to be dependant on rules outside of themselves. Inc. not over protecting children from exploratory and learning experiences. Inc. social problem solving, anger management, consideration for others. Effective discipline and shaping of behaviour.</i></p>			
<p><b>Stability</b>  <i>Provide a sufficient and stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s in order to ensure optimal development. Inc.'s ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others. Has separation or divorce been a factor?</i></p>			

<b>FAMILY AND ENVIRONMENTAL FACTORS</b>			
<b>Assessment Framework Domain</b>	<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What needs to change?</b>
<p><b>Community Resources</b>  <i>All facilities and services in a neighbourhood, Inc. universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Inc.'s availability, accessibility and standard of resources and impact on the family, Inc. disabled members</i></p>			
<p><b>Family's Social Integration</b>  <i>Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Inc.'s the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them. Is anti-social behaviour/neighbour/criminal behaviour experienced?</i></p>			
<p><b>Income</b>  <i>Income available over a sustained period of time. Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child? Is the family in receipt of all its benefit entitlements?; Universal Credit, Job Seekers Allowance, Employment Support Allowance, Incapacity Benefit, Income Support, Disability Living Allowance (for children under 16), Personal Independence Payment (PIP), Carers Allowance, Working Tax Credit, Child Benefit, Housing Benefit, Council Tax Benefit, No access to Public Funds, Other. Is debt a factor? Discuss utilise and other outgoings - has spending been prioritised? Is spending prioritised?</i></p>			
<p><b>Employment</b>  <i>Who is working the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by the family members? How does it affect their relationship with the child? Inc. children's experiences of work and its impact on them. Are there any education/training/literacy needs?</i></p>			
<p><b>Housing</b>  <i>Does the family have safe, suitable accommodation for the foreseeable future? Are they tenants/lodgers/owner occupiers etc., and are their rent or mortgage payments up to date? Are they homeless or at risk of homelessness or have an unsettled housing history? Consider interior &amp; exterior condition &amp; basic amenities e.g. water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child. Is the home accessible/suitable for any disability needs in the family?</i></p>			
<p><b>Wider Family</b>  <i>Who are considered to be members of the wider family by the child and parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way? Are any wider family members in prison?</i></p>			
<p><b>Family History and Functioning</b>  <i>Inc. genetic and psycho-social factors. Mental health and wellbeing. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents, chronology of significant life events and their meaning to family members, nature of family functioning Inc. sibling relationships and its impact on the child; parental strengths and difficulties Inc. those of an absent parent; the relationship between separated parent. Are any immediate family members in prison? Are there any issues with parent's physical health or substance abuse?</i></p>			

**5. ANALYSIS AND RECOMMENDATIONS**

Following the completion of the Early Help Assessment, please provide your analysis of the areas of strengths and need for this family, along with the next steps that will form the basis of the Early Help Support Plan.

<b>Assessment Framework</b>	<b>Conclusion</b> (What impact do the areas of need have upon the family?)	<b>What needs to happen next?</b>	<b>Who needs to do this?</b>	<b>When does this need to be completed by?</b>
<b>Child's Developmental Needs</b>				
<b>Parenting Capacity</b>				
<b>Family and Environmental Factors</b>				

What are the parents/carers concerns views about the Early Help Assessment?

What are the child/young person/s (including siblings) views about the Early Help Assessment?

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## 6. CONSENT

The Early Help Assessment helps children, young people and families to get the help they need at the right time. Everyone working with you wants the best for you and your family and the assessment will help us to understand what support you need and how organisations can all work together to help you. If our service cannot meet all your needs we ask for your consent to share your information with other organisations so that they can work with us to provide services and support to your family.

Practitioners should encourage the parent/carer to inform younger children in the household of the family's involvement in Early Help and that data is being shared with other agencies.

Information may be shared without your consent if:-

- a) there are concerns regarding child protection as stated within the Children Act 1989.
- b) there are concerns regarding vulnerable adults as stated within Care Act 2014.

An 'Easy To Read Notice' can be used to help younger children understand how their information will be processed. (See Appendix B).

Family members have the right to withdraw their consent to take part in the Early Help Assessment and/or sharing of their information with other agencies at any time. If you wish to withdraw your consent, you can do so by contacting the Corporate Information Governance Team, Dudley MBC, 3-5 St James Road, Dudley, West Midlands DY1 1HP, e-mail address [information.governance@dudley.gov.uk](mailto:information.governance@dudley.gov.uk), telephone number 01384 815607.

Where the Council has a statutory requirement to process your information you will not be able to withdraw consent.



## Consent for Information Sharing & Storage

**The section below must be completed for each family member. Please print additional pages if required.**

I agree to the Early Help process taking place and I understand that my personal information will only be shared with agencies where I have given my consent.

Please **✗** to confirm which of the agencies listed below you consent for your information to be shared with;

Name of Family Member:										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Children's & Adolescent Mental Health Services (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult's Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEN Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Abuse/Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse/Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Investigation Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Offending Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connexions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department for Work & Pensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other; please state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE</b>										
<b>DATE:</b>										

The consents below should be signed by all household members who are aged 14 and over.

**I understand and confirm the information that is recorded on this form is accurate, and that it will be stored and used for the purposes of providing support to:**

Parent/Carer			
Signature:		Date:	
Print name:			
Signature:		Date:	
Print name:			

Child/Young Person			
Signature:		Date:	
Print name:			
Signature:		Date:	
Print name:			
Signature:		Date:	
Print name:			

Lead Professional			
Signature:		Date:	
Print name:			

## 7. Contact Information

Please email your completed Early Help Assessment form to the relevant Family Centre inbox below, based upon the area within the borough the family reside. If you are sending information via email, please contact the relevant Family Centre to obtain a secure email address to forward the information to.

Family Centre Email address:	Telephone No.
Fs.brierleyhill@dudley.gov.uk	01384 813322
Fs.dudleycentral@dudley.gov.uk	01384 812440
Fs.dudleynorth@dudley.gov.uk	01384 813096
Fs.halesowen@dudley.gov.uk	01384 813954
Fs.stourbridge@dudley.gov.uk	01384 818780

**If you are unable to return your completed Early Help Assessment via secure email, please hand deliver to your local Family Centre.**

**If you require support in the completion of the Early Help Assessment, please contact the Early Help Enabler at the relevant Family Centre via the contact numbers above.**

## APPENDIX A

### Dudley Early Help Assessment – Ethnicity Categories

Afghan	Chinese	Mirpuri Pakistani	Turkish Cypriot
African Asian	Chinese and Any Other Ethnic Group	Moroccan	Vietnamese
Albanian	Croatian	Nepali	White - British
Any Other Asian Background	Egyptian	Other Asian	White - Cornish
Any Other Black Background	Filipino	Other Black	White - English
Any Other Ethnic Group	Greek	Other Black African	White - Irish
Any Other Mixed Background	Greek / Greek Cypriot	Other Chinese	White - Scottish
Any Other White Background	Greek Cypriot	Other Ethnic Group	White - Welsh
Arab Other	Gypsy	Other Gypsy/Roma	White and Any Other Asian Background
Asian and Any Other Ethnic Group	Gypsy / Roma	Other Mixed Background	White and Any Other Ethnic Group
Asian and Black	Hong Kong Chinese	Other Pakistani	White and Asian
Asian and Chinese	Indian	Other White British	White and Black African
Bangladeshi	Information Not Yet Obtained	Pakistani	White and Black Caribbean
Black - African	Iranian	Polynesian	White and Chinese
Black - Angolan	Iraqi	Portuguese	White and Indian
Black - Congolese	Italian	Refused	White and Pakistani
Black - Ghanaian	Japanese	Roma	White Eastern European
Black - Nigerian	Kashmiri Other	Serbian	White European
Black - Sierra Leonean	Kashmiri Pakistani	Singaporean Chinese	White Other
Black - Somali	Korean	Sri Lankan Other	White Western European
Black - Sudanese	Kosovan	Sri Lankan Sinhalese	Yemeni
Black and Any Other Ethnic Group	Kurdish	Sri Lankan Tamil	
Black and Chinese	Latin / South / Central American	Taiwanese	
Black Caribbean	Lebanese	Thai	
Black European	Libyan	Traveller of Irish Heritage	
Black North American	Malay	Turkish	
Bosnian- Herzegovinian	Malaysian Chinese	Turkish / Turkish Cypriot	