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| **Early Help Assessment Form** | | |
| **Family details. Record of child / young person being assessed** | | |
| |  |  |  |  | | --- | --- | --- | --- | | Surname |  | Forename |  | | DOB |  | Gender |  | | Ethnicity |  | Primary Language |  | | Primary Address |  | Telephone / mobile |  | | E mail |  | | | |
| Locality (based on home address) | North Sefton Central Sefton  South Sefton Out of Borough | |
| Date Assessment Started: |  | |
| Date Assessment Completed: |  | |
| Assessment completed by: |  | |
| Role / Organisation: |  | |
| Contact Details: Telephone / Emails |  | |
| Does the child have a disability? | |  |
| Do they have any special education needs? | |  |
| What is their ethnicity? | |  |
| What is their immigration status? | |  |
| Do they follow a religion? What is it? | |  |
| What is their language and is an interpreter Required? | |  |
| **Assessment Information** | | |
| People present at assessment |  | |
| What has led to this unborn baby, infant, child or young person being assessed? |  | |
| **Details of siblings** | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Relationship | Name | Date of Birth | Gender | Disability | Address | School | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | |
| **Details of Parents / Carers** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Relationship | Name | Date of Birth | Gender | Address | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | |
| **Professional involvements with this family** | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Type | Person / Department / Organisation | Start Date | End Date | Contact No / email | Social Care | Practitioner name and role | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | |

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| **Assessment** | | | | |
| 1. **EDUCATION** | **Unmet Needs**  **No concern/Needs Met** | | | |
| Do any children in the household have poor school attendance (an average of less than 90% over three school terms) or have any children been excluded?  Yes  No **What is the current attendance ………%** | | | | |
| **Consider:**   * Are the children and young people meeting their expected levels of attainment? * Does the child attend a pupil referral unit, complementary education, receive a part time timetable or is home schooled? * Are there irregular school attendances, if so are they due to due to poor parental health, neglect or the child’s own health problems including mental health and developmental /learning needs? * Does the child have an education health care plan in place? * Comment on peer relationships, bullying, easily distracted, feeling isolated? * Are children and young people meeting their expected level of education? * Are there any 16/17 year olds in the family who are NEET? |  | | | |
| 1. **HEALTH AND WELLBEING** | **Unmet Needs  No concern/Needs Met** | | | |
| Does **ANYONE** in the household have poor mental or physical health, including substance misuse?  Yes  No | | | | |
| **Consider:**   * Is the family registered at a GP, dentist or opticians? * Are immunisations up to date? * Have there been any recent hospital admissions or attendances at A&E? * Are there any concerns around sexual health or teenage pregnancy? * Are there any additional health needs such as ASD / ADHD? * Does the child or young person access community paediatric services? * Have there been any concerns around stress, self-harm, phobias or concentration? * Are there any behavioural issues including violence or aggression? * Is the child at expected levels of development or speech and language? * Are there any children with caring responsibilities? * Does any family member have a health condition which is being poorly managed such as diabetes or obesity? * Does any young person or family member with parental responsibilities have issues with mental health or a drug and alcohol problem? |  | | | |
| 1. **FAMILIES WHERE CHILDREN NEED HELP** | | | | **Unmet Needs**  **No concern/Needs Met** |
| Have any family members previously been referred to Early Help, CAF, CIN, CP, LAC, Missing Team, Child Exploitation?  Yes  No | | | | |
| **Consider:**   * What other support services has the family accessed in the past? * Has a young person in the family ever been reported as missing or at risk of child exploitation? * Are there any cultural / language barriers or concerns around radicalisation or trafficking? * Is there a private fostering arrangement in place? * Are any children looked after at home on full care orders? * Are any children identified as having a delay in speech and communication or did they not meet the developmental threshold for communication in the 2 year health check carried out by health visitors? * Are there any 2 year old children not taking up their nursery entitlement of 15 free hours |  | | | |
| **4.ECONOMIC WELLBEING: (Out of work, Financial Exclusion, Employment)** | | | **Unmet Needs**  **No concern/Needs Met** | |
| Are any adults in the home out of work or at risk of financial exclusion or are any young people at risk of NEET?  Yes  No | | | | |
| **Consider:**   * Are there any adults (including older teenagers) in the family in receipt of out of work benefits, if so, are they working and for how many hours per week? * Are any family members in receipt of DLA, PIP, and Attendance Allowance? * Has anyone had their benefits suspended, at risk of homelessness or has debt problems? * Are the housing and living conditions adequate for the family?   **Allowance**  Select the allowance(s) that the family are in receipt of:  Carers Allowance  Employment Support Allowance  Income Support  Job Seekers Allowance  Universal Credit |  | | | |
| 1. **RELATIONSHIPS: (Inclusive of wider family and support network)** | | **Unmet Needs**  **No concern/Needs Met** | | |
| Is anybody in this household affected by domestic abuse, sexual abuse, stalking or honour based abuse?  Yes  No | | | | |
| **Consider:**   * Has a family member perpetrated any incidents of domestic abuse in the last 12 months or been subject to a police call out * Has a family member experienced or at risk of experiencing either domestic abuse, sexual abuse, stalking or honour based abuse? * Are any family members accessing support services? * Are there stable family relationships in place? |  | | | |
| 1. **COMMUNITY ENGAGEMENT** | **Unmet Needs**  **No concern/Needs Met** | | | |
| Are there any family members who are involved in crime or anti-social behaviour? Yes  No | | | | |
| **Consider:**   * Are there any concerns that the family are socially isolated? * Has a family member been arrested or convicted of any offences in the last 12 months? * Has a family member been issued with an anti-social behaviour intervention in the last 12 months (including those issued by housing)? * Are there any concerns about young people who are at risk of criminal exploitation / gang affiliation? * Are any family members, who have parental responsibility, in prison or about to be released on licence or supervision or serving a suspended sentence? |  | | | |

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| **Conclusions, Solutions and Actions** | |
| What are the key issues that the family would like to address in this plan? |  |
| What’s going well? (strengths) |  |
| What are we worried about? (needs) |  |
| What needs to happen? |  |
| **ACTION PLAN – Agreed Actions** (At least one action must be entered) | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Needs Category** | **What are we worried about** | **What we need to do** | **Who will do this?** | **By when** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |
| **Comments** | |
| Child’s voice / Lived experience |  |
| Parent’s views |  |

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| **Consent** | | | |
| CONSENT STATEMENT  We need to collect and share information about your family so that we can help you and offer the right support that you may need. For instance, we may want to talk to your child’s school to find out more about the problems he or she is having or contacting your GP if you have a health problem that you need extra help with.  Whenever we do this, we will treat your information as confidential and only share it with organisations that need to know about your family. Sometimes there are circumstances when we have to share information, for instance if you or a member your family may come to some harm. If we do this, we will tell you and explain why. We will only share the information necessary to get you the help you need or have asked for. All of your information is kept secure by Sefton Council.  We may also need to contact anyone with parental responsibility, unless there is a good reason not to do so, for instance, putting your child at risk of harm.  From time to time, Sefton Council must provide the Government with information about the families we work with and support. This information will be managed in accordance with the Data Protection Act. You have the right to ask what information we hold about you and your family and what we are sharing**.**  **Listed below are examples of the organisations we may share your information with:**   |  |  | | --- | --- | | * Adult Social Care * Children’s Services * Clinical Commissioning Group (CCG) * Attendance and Welfare Service * Department for Work and Pensions / Jobcentre Plus * Education Services * General Practitioners (GPs) * Hospital Trusts (as appropriate) * Housing provider / Housing Association * Lifeline / SMASH / Addaction (substance misuse services) * Mental Health Services providers * Merseyside Fire and Rescue Service/ Merseyside Police | * National Probation Service / Community Rehabilitation Company * Specialist health service providers * Sefton Council commissioned services, e.g.,Venus, SWACA, Parenting 2000, Connexions * Sefton@Work * Prison Service * Regulatory Services such as Environmental Health and Licensing * Revenues and Benefits * Pre-School / School / Academy / College * Solicitor * Targeted Prevention * Youth Offending Team | | | | |
| 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  This infant, child or young person for whom I am the parent  This infant, child or young person for whom I am the Carer   |  |  | | --- | --- | |  |  | | |
| I have had the reasons for information sharing and information storage explained to me and I understand those reasons. | | Yes  No | |
| I agree to the sharing of information, as agreed, between the services. | | Yes  No | |
| I do not consent to my information being shared with | |  | |
| **Exceptional circumstances: concerns about significant harm to infant, child or young person** If at any time during the course of this assessment 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) safeguarding children procedures. The practice guidance *What to do If you're worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.   If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2015) (**www.ecm.gov.uk/workingtogether**). 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.** | | | |
| **Signatures** | | | |
| **Service user / parent / guardian / legally appointed or (welfare) power of attorney** | | | |
| Name (print): | Signature: | | Date: |
| Name (print): | Signature: | | Date: |
| Name (print): | Signature: | | Date: |
| Name of Assessor (print): | Signature: | | Date: |
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