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| The Early Help Assessment and Plan is the common process for supporting children, young people and families with additional needs through early identification of difficulties, swift intervention and a planned, coordinated response. Early Help is a voluntary process, and agreement from the family is the key to achieving successful outcomes. The purpose of this assessment is to work together to create an Early Help Plan for you and your family. We want to get to know your family, and really understand the challenges you are facing. This will help us to work with you to find effective solutions. Building on your family's strengths, we will agree an action plan with you, to meet your needs, which may involve other agencies. Here is what to expect from the Early Help process:**Assessment** – discuss with a professional what is going well for you as a family, as well as the challenges you are facing, and complete the Early Help Assessment together.**Plan** – agree goals and actions from the assessment at an initial Team around the Family.**Do** – work with your Team Around the Family to make progress on the actions you identify together.**Review** – work with your Team around the Family to review how things are going for your family, and identify what further support you need moving forward. |
| **Consent** The Lead Professional would like to share with and/or gather information from other service areas both internal and external. Are there any services that you do not wish to be contacted:**I understand and agree to sharing of information:** **Signed (Young Person/Parent/Carer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed (Worker) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **My Details** Please provide full details of the child/young person |
| First Name  |  | Family Name |  |
| D.O.B/E.D.D |  |
| Gender | Choose an item. | Ethnicity | Choose an item. |
| Address |  | Contact number/s |  |
| Post Code |  | Early Years Setting or education provider(School/College) |  |
| Child/young person’s first language |  | Does the Child/Young person have Special Educational Needs? | Choose an item. |
| **Siblings Details**Please provide full details of all the children/young people in the family unit |
| First Name |  | Family Name |  |
| D.O.B/E.D.D |  |
| Gender | Choose an item. | Ethnicity | Choose an item. |
| Address |  | Contact number/s |  |
| Post Code |  | Early Years Setting or education provider ( School/College) |  |
| Child/young person’s first language |  | Does the Child/Young person have Special Educational Needs? | Choose an item. |
|  |  | Use the ‘plus’ button | to add additional siblings 🡪 |
| First Name |  | Family Name |  |
| D.O.B/E.D.D |  |
| Gender | Choose an item. | Ethnicity | Choose an item. |
| Address |  | Contact number/s |  |
| Post Code |  | Early Years Setting or education provider ( School/College) |  |
| Child/young person’s first language |  | Does the Child/Young person have Special Educational Needs? | Choose an item. |
|  |  | Use the ‘plus’ button | to add additional siblings 🡪 |
| First Name |  | Family Name |  |
| D.O.B/E.D.D |  |
| Gender | Choose an item. | Ethnicity | Choose an item. |
| Address |  | Contact number/s |  |
| Post Code |  | Early Years Setting or education provider ( School/College) |  |
| Child/young person’s first language |  | Does the Child/Young person have Special Educational Needs? | Choose an item. |
|  |  | Use the ‘plus’ button | to add additional siblings 🡪 |
|  My Parent/Carer(s) details |
| Name |  | Name |  |
| Address |  | Address |  |
| Post Code |  | Post code |  |
| Contact Number/s |  | Contact Number/s |  |
| Email |  | Email |  |
| Relationship to child/young person |  | Relationship to child/young person |  |
| Parent/Carer(s) first language |  | Parent/Carer(s) first language |  |
| Parental responsibility | Yes [ ] No[ ]  | Parental responsibility | Yes [ ]  No[ ]  |
| We know that some children and young people have unique family situations – please capture relevant information and include names and contact details of other significant adults |  |
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| **Services Supporting Me and My Family**List services involved with your child or young person and family; their contribution should be included in this assessment |
| Name | Role & Agency | Contributed to Assessment | Contact Details |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
|  |  | Choose an item. |  |
| Identify reasons why professionals involved have not contributed to this assessment: |

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| Assessment Information |
| Name of person completing assessment:  | Contact Number:   |
| Role or position: | Date assessment started: |
| Agency or organisation: | Date assessment record completed: |
| What is the reason for the assessment? *Please select all areas that might require support*

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| Relationship difficulties at home/parental conflict |[ ]  Domestic abuse |[ ]
| Relationship difficulties at school/community |[ ]  Parenting |[ ]
| Behaviour: home/community |[ ]  Risk Taking Behaviour |[ ]
| Harmful Sexual Behaviour |[ ]  Child Exploitation |[ ]
| Behaviour: school |[ ]  Teenage pregnancy |[ ]
| Attendance at educational setting (please record current attendance) |[ ]  Housing/ financial issues |[ ]
| Exclusion from educational setting |[ ]  Mental health (parent/carer) |[ ]
| Not in education, employment or training |[ ]  Concerns regarding emotional wellbeing (child) |[ ]
| Child's development/ learning |[ ]  Child disability |[ ]
| Drug/alcohol issues (child) |[ ]  Parental disability  |[ ]
| Drug/alcohol issues (parent/carer) |[ ]  Low level/ emerging neglect |[ ]
| Offending behaviour (parent/ carer) |[ ]  Offending behaviour (child) |[ ]
| Parent in Prison |[ ]  Sibling in Prison |[ ]
| Young Carer |[ ]  Missing episode(s) |[ ]
| Parent is a Carer |[ ]   |  |
| Other:[ ]  If other, please describe: |

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| **Strengths and Needs** |
| **1. What are the worries or needs?**Child’s or young person’s view:Family’s view:Professional’s view: Educational Setting’s view: |
| **2. Who is affected and how?***Consider child/young person, parents/carers, siblings, extended family*Child’s or young person’s view:Family’s view:Professional’s view: Educational Setting’s view: |
| **3. Are there things happening at school, home or in the community, making this even harder to manage?**Child’s or young person’s view:Family’s view:Professional’s view: Educational Setting’s view: |
| **4. Are there any other factors to consider?** *Consider health, wellbeing, historical information*Child’s or young person’s view:Family’s view:Professional’s view: Educational Setting’s view: |
| **5. What are the strengths and positives and how do these help?** *Consider wider family, friends, school, hobbies, personal skills and qualities, what do we like*Child’s or young person’s view:Family’s view:Professional’s view:Educational Setting’s view: |
| **6. What support is already in place and how has this helped?** Child’s or young person’s view:Family’s view:Professional’s view: Educational Setting’s view: |
| **7. Are there any other good things happening we may have missed?**Child’s or young person’s view:Family’s view:Professional’s view: Educational Setting’s view: |
| **8. Analysis of the current situation: what could happen if things do not change?**Child’s or young person’s view:Family’s view:Professional’s view:Educational Setting’s view: |
| On a scale of 0-10 please capture family and professional views at point of assessment*Child, young person, family and all professionals should score*

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|  | **Complex issues or emerging crisis** | **Emerging issues or concerns** | **Recognising things are going well** |
| Person rating/Score | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Young Person** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Family** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Lead Professional** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| **Early Help Plan****Arranging an initial Team around the Family Meeting allows the family to meet with the professionals involved in supporting them, to produce a plan to help them achieve their goals.** **Summarise all actions in this section. Please use a new line for each action and deadline. You can leave sections blank if you agree there are no actions needed. Deadlines and names can be updated after referrals if necessary.**Outcomes should be linked to the reason why the Plan was started. |
| **Outcome** | **What needs to happen?**  | **Responsible for?** | **By when?**  | **Status**  | **Outcome achieved** |
| Actions |
| Family members have their developmental, physical and mental health needs met |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Children and young people are accessing their full entitlement to education |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Family members are safe from crime, exploitation and ASB |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Parents and carers feel well-supported, skilled and confident in their parenting |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Family members are free from parental conflict, domestic abuse and violence |  |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. |
| Any other actions |  |  |  | Choose an item. | Choose an item. |

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| **Who is the Lead Professional?** *Name, role, agency or organisation and contact details* |
| **Using your Personal Information**The information you provide will be held on our database to help deliver the service we provide. We share and or gather information from other organisations who may be involved in working with you and your family. Information on our secure database can only be accessed by SBC employees working within Children, Families and Community Health. Please note the only reason that information will be passed on without your consent is if there is a legal requirement to do so, or if there is a risk of serious harm or threat to life. Under the Data Protection Act you can see your own personal information. If you would like to know more about this, please ask for our leaflet, ’Access to your personal information’ or contact the Data Protection Officer at Swindon Borough Council, Civic Offices, Euclid Street, Swindon SN1 2JH. Further information and a copy of our privacy notice is available at: <https://www.swindon.gov.uk/directory/46/privacy_notices/category/219> If safeguarding concerns were to be identified, we would have a duty to complete a safeguarding referral to the Swindon Multi Agency Safeguarding Hub |
| **Child/young person’s views: Does this assessment and plan capture your views?** |
|   |
| Signed  | Date |
| **Family’s views: Does this assessment and plan capture your views?** |
|  |
| Signed  | Date |
| **Professional’s views: Does this assessment and plan capture your views?** |
|  |
| Signed  | Date |
| **Education’s views: Does this assessment and plan capture your views?** |
|  |
| Signed  | Date |
| **Proposed details for next meeting.** If not yet agreed, please explain why below:Time Date: Location: |

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| **Child’s Voice:***Upload/attach direct work undertaken to capture child’s voice* |
| **List Assessment Tools used:***Upload/attach Genogram, Family Tree, Time- Line, SDQ’s etc.*  |
| **Additional Information***Please use this section to provide any supplementary information that you were not able to include in other areas of the assessment.*  |
| **Useful Information***Use this space below to record ideas, phone numbers, websites or other useful information you discuss:* |
| **Concerns about significant harm to infant, child or young person**If at any time during the course of this assessment you feel that an infant, child or young person has been harmed or abused or is at risk of harm or abuse, you must follow the South West Child Protection Procedures as set out at [www.swcpp.org.uk](http://www.swcpp.org.uk)If you think the child or young person maybe a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child/young person to children’s social care. You should seek the agreement of the child and family before making such a referral.Please also refer to Swindon Safeguarding Partnership Multi Agency Threshold Guidance[Swindon Safeguarding Partnership](https://safeguardingpartnership.swindon.gov.uk/)It will help you identify a child/young person’s degree of need and respond appropriately. |
| **Please ensure the Early Help Hub have a copy of all parts of the EHA and Plan****EHHub@swindon.gov.uk****01793 466479****Please remember to use secure e-mail or WinZip and password protect****Please note; the Early Help Assessment is not a referral to access services. To access advice, support or targeted intervention via the Early Help Hub please submit an RF1 to MASH** **swindonmash@swindon.gov.uk****ticking the Early Help box. Alternatively contact the Early Help Hub for a consultation 01793 466903 option 1**  |