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**Early Help Assessment Plan (EHAP)**

Completed Early Help Assessment Plans should be emailed to:**ehbusinesssupport@nelincs.gov.uk**

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| **DATE & TIME OF CONTACT** | **Date (dd/MM/yyyy**):      **Time:**       | **CONTACT METHOD** (check box as appropriate) |  **Email** [ ]   **Letter** [ ]   **Contact form** [ ] **Telephone** [ ]   **In person**  [ ]   **Website enquiry** [ ]  |
| **FURTHER DETAILS**(summary of reason for Assessment and which child / young person(s) does this EHAP refer) |       |
| **AUTHOR DETAILS** | **Name:**       | **Email:**       | **Phone No.:**       |
| **HOW DO YOU KNOW THE CHILD / FAMILY?** |       | **IF PROFESSIONAL, GIVE ROLE & ORGANISATIONAL DETAILS** |       |
| **PROFESSIONALS ONLY -** how would you like us to provide feedback? | **Telephone** [ ]   **Email** [ ]   **Letter** [ ]  **Other (please specify):**       |
| **FAMILY****Does the family know you are making this Early Help Assessment Plan to us? Yes** [ ]  **No** [ ] Has consent been received for the family’s personal information to be processed and shared by NELC with appropriate partners and organisations? (refer to consent at end of Plan) **Yes** [ ]  **No** [ ] If consent has not been received author to return to family and seek consent before progressing further unless immediate risk of or suffering significant harmAre there any agencies the family have specified that we are not to share any information with at this time? If so please provide this information here…..**(state NONE if there are none)**      |
| **FAMILY NETWORK DETAILS – please complete the following for each person in the household (child, young person, parents, carers)** |
| **Full name** | **Date of birth****(dd/MM/yyyy)** | **Relationship****(within family)** | **Relationship status with family****(main carer / young carer / parental responsibility / next of kin / emergency contact)** | **Male / Female** | **Ethnicity (MUST BE COMPLETED – see table of categories below for details)** | **Religion & First Language / Interpreter** | **Disability** | **Telephone Number** |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
|       |       |       |       | M [ ]  F [ ]  |       |      Interpreter reqd? Y [ ]  N [ ]  |      Diagnosed? Y [ ]  N [ ]  |       |
| **FAMILY ADDRESS inc POSTCODE** | **House name / number**:      **1st line of address**:      **2nd line of address**:      **County**:      **Post Code**:       |

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| **FAMILY MEMBERS - who else is currently involved with the family NOT living in the home address (if there are more than 5, please provide on separate page)** |
| **Name & address (inc. postcode & telephone)** | **Relationship, and to whom** (i.e. cousin to a named child above, class teacher, GP etc) | **Consulted in respect of this Assessment?** |
| **Name:**  |       |       | Y [ ]  N [ ]  |
| **House name / number:** |       |
| **1st line of address:**  |       |
| **Town:**  |       |
| **Post Code:**  |       |
| **Phone no.:** |       |
| **Name & address (inc. postcode & telephone)** | **Relationship, and to whom** (i.e. cousin to a named child above, class teacher, GP etc) | **Consulted in respect of this Assessment?** |
| **Name:** |       |       | Y [ ]  N [ ]  |
| **House name / number:** |       |
| **1st line of address:**  |       |
| **Town:** |       |
| **Post Code:**  |       |
| **Phone no.:** |       |
| **Name & address (inc. postcode & telephone)** | **Relationship, and to whom** (i.e. cousin to a named child above, class teacher, GP etc) | **Consulted in respect of this Assessment?** |
| **Name:** |       |       | Y [ ]  N [ ]  |
| **House name / number:** |       |
| **1st line of address:**  |       |
| **Town:** |       |
| **Post Code:**  |       |
| **Phone no.:** |       |
| **Name & address (inc. postcode & telephone)** | **Relationship, and to whom** (i.e. cousin to a named child above, class teacher, GP etc) | **Consulted in respect of this Assessment?** |
| **Name:** |       |       | Y [ ]  N [ ]  |
| **House name / number:** |       |
| **1st line of address:**  |       |
| **Town:**  |       |
| **Post Code:**  |       |
| **Phone no.:** |       |
| **Name & address (inc. postcode & telephone)** | **Relationship, and to whom** (i.e. cousin to a named child above, class teacher, GP etc) | **Consulted in respect of this Assessment?** |
| **Name:**  |       |       | Y [ ]  N [ ]  |
| **House name / number:** |       |
| **1st line of address:**  |       |
| **Town:**  |       |
| **Post Code:**  |       |
| **Phone no.:** |       |
| **Communication Needs (inc. language & disability)** - (If anyone does not have English as their primary language and or anyone has a disability please provide relevant details here)      |
| **Do you know of anyone else that you think could become involved***?*      Is anyone else’s consent required to speak to any of these key people identified? **Yes** [ ]  **No** [ ]  **If YES, who?**       |
| **Assessment Details**  |
| **Assessment Start Date (dd/MM/yyyy)** |       | **Assessment Completed (dd/MM/yyyy)** |       |
| **What is the purpose / reason for the Assessment?**  |
|       |
| **Who needs to be seen to complete the Assessment?** (where, when, how often?) |
|       |
| **Dates the child/young person and family members were seen and spoken to**  |       |
| **Which child/young person in the family network was seen during this Assessment?** |       |
| **Chronology of Significant Life Events** (resulting in the current worry) |
| **What and when was the first event in the family’s life that brought Early Help or Children’s Social Care involvement with the family and what was the impact of that on the child/ren and/or family?** |
|       |
| **What and when was the most recent event in the family’s life (if different from above) that brought Early Help or Children’s Social Care involvement with the family and what was the impact of that on the child/ren and/or family?** |
|       |
| **Tell me about times that were the Best and Worst Events in the family’s life. How did these impact on the child/ren?** |
| **On a scale of 0 -10 where 10 is that this had a really positive impact on the child’s life and 0 is this event was significantly harmful/worrying to the child, please ensure you complete the scale of significance rating on each event identified****0 1 2 3 4 5 6 7 8 9 10** **(0 - Least significance) (10 Most significance)** |
| **Date** | **Event** | **Scale of Significance**  | **Reason for Score** (and which child does the scale refer to?) |
|       |  |     |  |
|       |  |     |  |
|       |  |     |  |
| **Worries and Strengths**  |
| **Worries or Wellbeing concerns** (worries or wellbeing concerns that are currently impacting strengths) |
|       |
| **Complicating Factors** *(*Actions, behaviours, circumstances and events in and around the family, child and carers and by professionals that make it more difficult to address the worries/wellbeing concerns). |
|       |
| **What is working well for child/ren and/or family?** The worker needs to use a questioning approach to help the family by asking them what is working well, so this can be included in the plan to do more of – types of questions include: **Exception questions** – to help parents/ carers/ young people identify when the problem has been managed (even just a little bit) and why? How could that be part of the plan/solution to the problem now? **Miracle questions** – to help young people/ family’s think about what it will look like when the problem is sorted. What are we doing now to help us to get there? What are the things we think we need to do to get to that place? **Coping questions** – when young person/ carer has faced problems and dealt with them in the past? What was different then that could help now? **Relationship questions** – from another person’s point of view, like what would the teacher say are the best aspects about this young person? |
| **Existing Strengths** (what works well for the family, what are the best things about the care of the children and who supports/helps the parents and child/ren?) |
|       |
| **Existing wellbeing/safety** (when the worry is present, what helps the child/ren or family manage, overcome or avoid the worry?) |
|       |

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| **Child, Family and their Network’s Experience**  |
| **Child’s Experience**  |
| Child’s name | What does the child/young person say are the biggest issues (relating to the current worry) they are worried about in their life | What does the child/young person say are the best things about their life | What does the child/young person want to happen (in relation to the current worry) |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| **Parents/Carer’s Experience** (please use exact words of the parents/carers wherever possible) |
| Name & Relationship  | What does s/he say they are worried most about in the child/ren’s life. Please use exact words of parent/carer wherever possible.  | What does s/he say are the best things about their life, their family, and their care of the child/ren  | What does s/he say needs to happen to address the worries or wellbeing concerns recorded in this assessment? |
|       |       |       |       |
|       |       |       |       |
| **Key Family Members and Support Network Experience** (please use exact words of the parents/carers wherever possible) |
| Name & Role | What does s/he say they are worried most about in the child/ren’s life. Please use exact words of parent/carer wherever possible. | What does s/he say are the best things about their life, their family and their care of the child/ren | What does s/he say needs to happen to address the worries or wellbeing concerns recorded in this Assessment? |
|       |       |       |       |
|       |       |       |       |
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| **Analysis and Judgement**  |
| **Signs of Wellbeing/safety** Worried Not worried **0 1 2 3 4 5 6 7 8 9 10**  |
| **Worry Statement** | **Wellbeing / Safety Goal(s)** | **Wellbeing / Safety Scale Question(s)** | **Wellbeing / Safety Scale (insert number & reason)** |
|       |       |      Your scaling question should reflect your concerns in your worries statement.So in order to write an effective Wellbeing/Safety Scaling Question you should:-* Refer to your worry statement
* Give a realistic scale of reference
* Ask parent/carer and child to score where they think they are
* Give a reason for your score
* Date your score
 |       |
| **Planning**Children’s services planning has tended to focus on sending family members to services and assuming that this will translate into improved outcomes or care for the child. Planning in Signs of Wellbeing/Safety focuses on the everyday actions of the parents, carers, support people and the child/young person creating a detailed plan of who will do what in everyday life to ensure the worries are always dealt with. |
| **What are the professionals bottom lines** |
|       |
| **Wellbeing/Safety Plan**  |
| **Who is involved in the Family Plan?***(Internal use only - Please ensure all people listed are recorded in the child’s main demographics)*As well as involving key professional’s, Early Help Assessment Authors should be doing everything they can, starting from the outset of the work to involve everyone possible that has natural connections to the child/young person and involve them in the assessment, planning and implementation of the plan alongside the parents/carers and young person.Where the young person or their carers say they are unable to find anyone to help them, this should be used as an opportunity to explore further questions: • Who are the people who support this family – both support the carers and support the child/young person? • Who has helped in the past? • If you did have someone to help you, what would they be doing? Once the child/young person/parents and carers have a network they should be enlisted to help with developing and demonstrating the plan. |
| **Name and role** | **How often will they see the child** | **What are the specific tasks of this person?** | **Network Lead** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Signs of Wellbeing/Safety that the family plan addresses** |
| **Existing Strengths - what is working well**  | **Stressors and triggers** | **Indicators - Worries are emerging or present**  | **Who will do what, when problems arise**  |
|       |       |       |       |
| **Person(s) with Parental Responsibility or young person giving consent** (please refer to Fraser Competency Checklist)[Fraser competency checklist](http://www.safernel.co.uk/wp-content/uploads/2018/02/Fraser-competency-checklist.doc) (Word document) | **Name (please print):**      | **Signature:** | **Date:**      |
| **Name (please print):**      | **Signature:** | **Date:**      |
| **Name (please print):**      | **Signature:** | **Date:**      |
| **Professional Completing Assessment:** | **Name (please print):**      | **Originating Agency, department and contact details (Inc. e-mail address):** |       |

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| **Please record if the family meet more than one of the 6 Troubled Families criteria below;****IMPORTANT - Please tick the boxes if the family are facing any of the following problems, please tick all that apply:** |
| [ ] **CRIME/ANTI-SOCIAL BEHAVIOUR**: If the child, young person or adult is involved in crime or anti-social behaviour | [ ] **WORKLESS**: If the adult or young person is out of work, at risk of worklessness, facing significant debt, or at risk of financial exclusion | [ ] **HEALTH**: If the adult, child, or young person has a health problem or a range of health problems, including substance misuse, poor mental health. |
| [ ] **EDUCATION**: If the child or young person; is not attending school regularly, has been excluded, is home educated, has been presented at the Behaviour and Attendance Collaborative (BAC), or attends an Alternative Provision | [ ] **CHILD NEEDS SUPPORT**: Child is assessed as needing Early Help, a Child in Need, subject to a Child Protection Plan, Looked After, reported as missing, at risk of Child Sexual Exploitation (CSE) or Harmful Sexualised Behaviour (HSB), or a young carer | [ ] **DOMESTIC ABUSE**: If a person in the family is experiencing or perpetrating domestic violence/abuse (within the last 12 months). |

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| **Suggested Outcomes** (internal process to be triaged within Locality screening) | **Team Around Family Meeting** [ ]  **Transfer to Children’s Social Care** [ ] **CSAM** [ ]   **Create / Update Early Help** [ ]  **Close Early Help Case** [ ]   |
| **Reasons for these Suggested Outcomes** (Internal screening team)      |
| **Date decision maker provided feedback to author** |       |

**Internal review documents for Early Help Practitioners to complete for their work**

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| **Timeline and Trajectory** |
| **Timeline** The timeline is a trajectory. A shared plan that describes and measures a pathway to success |
| Date | Task | Meetings & Monitoring  | Changes/Outcomes |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Analysis and Judgement** |
| **Overall Progress Scale** (On a scale of 0-10 where 10 means that things are going well and there is no need for Early Help Services and 0 means a child’s or young person’s wellbeing/safety is significantly affected and may need a child social worker, how would you rate the current situation for this child/young person/family?) |
| **Individual’s Case Scale Rating**  |
| **Name & Role** | **Rating (Scaling and Reason)** |
|       |       |
|       |       |
|       |       |
| **Overall Progress Scale**       |
|  Worried Not worried **0 1 2 3 4 5 6 7 8 9 10**  |

**Ethnicity**

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| White – British  | Mixed White and Black Caribbean | Asian or Asian British - Pakistani | Chinese |
| White – Irish | Mixed White and Black African | Asian or Asian British - Bangladeshi | Any other ethnic group |
| White Traveller of Irish Heritage | Mixed White and Asian | Any other Asian background | Refused |
| Gypsy / Roma | Any other mixed background | Black or Black British - Caribbean | Information not yet obtained |
| Any other white background | Asian or Asian British - Indian | Black or Black British - African | Any other Black |