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**Early Help Assessment Plan (EHAP) – *version with guidance for completion***

*The blue italic text is guidance to help with completion of this Plan. A blank version is available from* [*www.safernel.co.uk/staying-safe-and-prevention/*](http://www.safernel.co.uk/staying-safe-and-prevention/)*. The blank version can be completed onscreen, then printed for signatures. It can also be printed and then completed on hard copy.*

*This Early Help Assessment Plan (EHAP) Guidance should be used to support the full completion of each section by the author, applying the Signs of Safety approach in its completion. When North East Lincolnshire Council’s data system (Liquid Logic) updates the Signs of Safety configuration, updates to this guidance will be provided.*

*For internal use – Iinformation provided on the first two pages should populate through from information previously obtained (where applicable) in Liquidlogic from the child’s demographics. When this has been completed by an external LA partner, check the information provided matches that already on Liquidlogic. Where it doesn’t, always ensure the latest primary address/family network details are used/updated.*

Completed Early Help Assessment Plans should be emailed to:[**ehbusinesssupport@nelincs.gov.uk**](mailto: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 completing this Early Help Assessment Plan? 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 harm.  Are 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**:  **Town**:  **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 and date of birth:** |  |  | 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 and date of birth:** |  |  | Y  N |
| **House name / number:** |  |
| **1st line of address:** |  |
| **Town:** |  |
| **Post Code:** |  |
| **Phone no.:** |  |

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| **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 EHAP?** |
| **Name and date of birth:** | |  | |  | | | | | | 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 EHAP?** |
| **Name and date of birth:** | |  | |  | | | | | | Y  N |
| **House name / number:** | |  | |
| **1st line of address:** | |  | |
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| **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 EHAP?** |
| **Name and date of birth:** | |  | |  | | | | | | 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***? (family, friends, community or professionals etc)*    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?** *What do you want to achieve in undertaking this Assessment and Plan?* | | | | | | | | | | |
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| **Who needs to be seen to complete the Assessment?** (where, when, how often?) *To complete the Assessment who needs to be involved, seen, spoken to - where, how and how often?* | | | | | | | | | | |
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| **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?**  *Children/Young people who are impacted by the worries/wellbeing concerns should be seen and spoken to in completing this Assessment. If not, please explain why.* | | | | |  | | | | | |
| **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?**  *Historical Analysis of events which has led to the family becoming involved in Early Help services, including previous contacts (i.e. any Early Help or Social Care involvement, SEN needs identified and significant incidents which led to this family becoming known to services)*  *Include the impact on the child, i.e. behaviour which they may be displaying after a history of Neglect and Domestic Abuse*  *This should be an analysis of previous involvement and the progression to the worries in this assessment.* | | | | | | | | | | |
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| **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?**  *Information of the current Early Help Assessment Plan reason including the impact on the child/young person. Consider the (above) analysis of historical information and its relation to this Early Help Assessment Plan OR specific information regarding the reason for the involvement – giving a clear outline of the worries and impact on the child/young person* | | | | | | | | | | |
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| **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** | | | | | | | | | | |
| **Date** | **Event** | | | | | **Scale of Significance** | | **Reason for Score** (and which child/young person does the scale refer to?) | | |
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| **Worries and Strengths** | | | | | | | | | | |
| **Worries or Wellbeing concerns** (worries or wellbeing concerns that are currently impacting strengths)  *Summarise worrying behaviour that is currently creating problems, detailing the specific worries about the behaviours of the child/young person/parent/carer. Concerns should clearly describe the worrying behaviour, how often it happens, how bad the worrying behaviour is and how it has affected the child. Write the worrying behaviour in a language the child/young person and the carers would understand without minimising the worry. Wherever possible, use the words of the child/young person and the carers to describe the worry.* | | | | | | | | | | |
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| **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).  *There is a tendency to record every complication, challenge and difficulty facing the family but this will tend to overwhelm professionals and family alike. Use your best professional analysis and judgement to think carefully about the ‘key’ complicating factors that will make it more difficult to address the worries/wellbeing concerns; complicating factors can include; homelessness or poor home conditions, insufficient income, employment issues, problematic relationships with extended family, friends and community, isolation, mental ill health, excessive drug and/or alcohol use, bad experiences with and /or fear of professionals, poor communication between professionals, too many professionals involved in the case, asylum status, gang activity, absent parents (e.g. in hospital or prison)* | | | | | | | | | | |
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| **What is working well for child/ren and/or family?**  *The ways in which the child/young person and/or the people in his or her life positively contribute to their welfare. Be sure to include who it is and what they do.*  *In “What’s Working Well” workers are particularly looking for strengths and existing wellbeing/safety that are meaningful in terms of the worries.*  *Questions that are aimed at eliciting strengths and existing success can include the following suggestions;*  *• What do you like about this child/ young person?*  *• What are their best attributes/what do they do well?*  *• What would the children say they like most about their life?*  *• Tell me about times the kids were happiest?*  *• When have the people around the young person supported them best?*  *• Who in the network are most helpful to carers and/ or the child/ young person?*  *• Who would the kids say are the most important people in their lives?*  *When the strengths and existing safety/wellbeing/success elements are explored and identified they can be incorporated into the plan too. We can then add things that are working well to the plan, to do more of them and so increase safety/wellbeing/success for the child.*  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?)  *The ways in which the child/young person and/or the people in his or her life positively contribute to their welfare. Be sure to include who this is and what they do*  *Frequently, when professionals document strengths they tend to focus on professional priorities such as attending meetings and services.*  *While these things have some significance the strengths, resources and exceptions that have most value are the everyday actions, behaviours, people and plans that directly enhance and support the family and the child’s life*  *• Tell me the best ways you have managed as parents/carers?*  *• What is helping make this worry better right now?*  *• If we asked school what would they say is the best thing about ‘insert child’s name’?*  *• What is the thing you are most proud about?*  *• What are the most impressive things you have seen ‘insert child’s name’ do?*  *• What are the most impressive things you have seen the adults around the child doing?* | | | | | | | | | | |
| **Existing wellbeing/safety** (when the worry is present, what helps the child/ren or family manage, overcome or avoid the worry?)  *The things that the child/young person and/or the people in his or her life do now or have done in the past that has been successful in promoting the child/young persons welfare*  *By asking questions about actions taken by parents, carers, children/young people and support people that have previously resolved or addressed the health and wellbeing worries, their safety and success can be identified.*  *• Has there been a time anyone around the child/ family where they have successfully managed the worry?*  *• What has been done to address the worry?*  *• Has there been a time it was a bit better? What was different then?*  *• Who have been the most helpful people to the child when they have been worried in the past?*  *Instances of existing success are discovered through asking exception questions, this is a solutions-focused term for asking about times when the worries or concerns could have happened but they were solved, controlled or lessened. This involves asking questions such as:*   * *When was the child going to school more regularly?* * *What was different about that time to now?* * *Who helped and what did they do?* * *When are the times when the young person does control their temper?* * *How and who helps?* * *What have the carers and the child done to deal with this or other problems in the past?* * *What are the happiest times for the child and the carer’s family?* * *When would the child/ young person say they have been the happiest or most successful in their lives?* | | | | | | | | | | |

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| **Child, Family and their Network’s Experience**  *In every instance where the child is old enough the Author should meet with and talk with the child/young person to understand their experience of their life. Where a child is too young to talk with or they suffer from a disability that makes this impossible the Author should always meet and observe the child and should talk with at least one person other than the child’s immediate carers that is close to the child and knows them well.*  *The discussions should focus on the child’s worries, what’s working well and good in their life and their wishes and what they want to happen about any problems. The My Three Houses tool is designed to assist the Author to have these conversations. The Author should allow the child to talk as widely as they want to in these areas about their life and should focus on the issues that have brought Early Help Services into the family’s life.*  *Most often the best way to engage and build a connection with a child is getting them to speak about what’s good in their life which is usually where the Author should start. Where a child is unwilling to talk about worries and the Author is finding significant difficulty in this area after they have engaged the child they should be ready to set aside asking about problems and worries.*  *By focusing instead on the child’s wishes, through asking for instance about their ‘House of Dreams’, life after a magic wand has been waved, or life after a miracle has happened will not only provide information of what the child wants and also usually provide considerable insight into how worried the child is about their life now and what they are worried about.* | | | |
| **Child’s Experience** *Make sure you use the exact words of the child or young person. As well as describing the best aspects generally, explore and describe specifically what the child likes best about their family life, their parents/carers and times when their family and parents have dealt with difficulties and challenges.* | | | |
| 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) *Involving parents of the child/young person may not always apply to Looked after Children or where it is deemed a young person is Fraser competent, but wherever possible, workers should seek to obtain the views of the child’s first family and involve them in the assessment and planning.* | | | |
| 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? |
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| **Key Family Members and Support Network Experience** (please use exact words) *Key family member is regarded as someone who has regular contact with the parents and child (ren) and feels connected to the child, even though these people may have or had problems of their own. What is most important is that they have a good sense of what’s going on in the family’s daily life even if they are cautious to speak about what they see and think.* | | | |
| 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**  *The professionals need to analyse the information they have gathered and formulate the worry statements in the situation being assessed to identify the core issues that have to be addressed. Usually there might be up to three such statements, on occasion a fourth is needed but this is rare. Once worry statements are written these need to be matched with a directly related goal and safety/success scale. Assessment always involves three steps: information gathering, analysis and judgement. Assessment is never complete without explicit judgement so the scaling process needs always to be completed whether professionals feel they have enough information to make a judgement or not. The Signs of Safety/Success uses a straightforward 0 to 10 scaling device to enable everyone involved in the situation, professionals, parents, children and support people to offer their judgement of the situation.* | | | |
| **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)** |
| *The worries/wellbeing concerns that are believed likely to happen for the child in the future if nothing in their situation changes. Worry statements should:*   * *Explain who is worried?* * *Summarise what has happened to make them worry (behaviours that pose a concern)* * *Explain why; how this is likely to impact on the child if nothing changes (this can include theoretical / expert knowledge about what can happen to a child’s health / development based on the evidence of what has happened)* * *Clearly and behaviourally describe what the professionals are worried will happen in the child’s future if nothing changes. The professionals should draw on and incorporate what the child/ren and parents/carers have told them, always using the child’s and any parent/carer’s words wherever possible.* * *Be written in language understandable for the child and parent/carer, while still capturing the seriousness the professionals, parent/carer or child see in the situation.* * *Be clearly informed by actual past worries the child displays and the adult behaviour believed to be contributing to those worries. The behavioural focus ensures professional and carers keep their worry statements behaviourally grounded rather than written out of anxious worst fears.* | *The behaviours and actions that Early Help Services need to see to be satisfied the worries for the child are addressed.*  *Goals:*   * *Clearly describe what the child/ carer/ professionals needs to see to know the worry will be addressed* * *Must be paired with a worry statement* * *Avoid saying how the worries will be addressed, wherever possible leaving this detail to carers, child and their support networks.* | *A unique success scale should be created, matched with each worry statement and wellbeing/safety goal. The 0 and 10 end points of the scale need to be clearly defined in line with each worry (0) and wellbeing/safety goal (10) so the scale clearly measures the current progress of the child/ren and carers in relation to the worry. As a solution focused approach start with the definition of 10 and what everyone is aiming to achieve, before defining the 0 of what we are trying to avoid. In this way everyone has a clear way of understanding, measuring and discussing the seriousness of the problems and what progress has been made.*  *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* |  |

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| **Planning** *(wellbeing/safety plans should always be created together with the parents, carers, child and key members of the support network)*  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** |
| *Professionals will almost always have bottom line requirements in Child Protection work but also often in Early Help and Child in Need case work and with Looked After Children, this will usually depend on the seriousness of the worry statements. Parents, carers, young people and support people need to know what the bottom line requirements are. Professionals should think through carefully the bottom lines they require, keeping these requirements to an absolute minimum by ensuring they are clearly linked to the direct care and improved outcomes/quality of life for the child/young person.* |

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| **Wellbeing/Safety Plan** | | | | | | | | | | |
| **Who is involved in the Family Plan?**  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** | |
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| **Signs of Wellbeing/Safety that the family plan addresses:**  *The Wellbeing/Safety Plan will address each concerning behaviour in turn; moving from what is working well on to stressors, and triggers for emergency events and consider who will do what when problems arise?* | | | | | | | | | | |
| **Existing Strengths - what is working well** | **Stressors and triggers** | | | **Indicators - Worries are emerging or present** | | | **Who will do what when problems arise** | | | |
| *refers to the things already in place that show how the key issue has been managed even a little bit for the benefit of the child?* | *are the things that can and do happen, in the everyday lives of families that increase the worry.* | | | *are the indicators that the issues identified in the worry statements are emerging or happening* | | | *refers to the specific and detailed actions of the people in the network around what they will do when the stressors or triggers are present to prevent the worry developing and what they will do when they see the worry present. These actions must contain sufficient detail so that everyone is clear what their specific role is in each situation. The worker uses a questioning approach to help the family think in and through all the possibilities and the potential actions required to ensure the worry is managed without further distress occurring to the child.* | | | |
| **Information Sharing and Consent**  I understand that the information I have provided to North East Lincolnshire Council regarding my child and family will be recorded and used for the purpose of providing services, support, advice and guidance to my child and family. I agree to my family’s personal information being processed and shared by North East Lincolnshire Council with appropriate partners and organisations, such as, housing, Job Centre Plus, Police, health professional (GP, midwife, health visitor), children’s services, NSPCC, and other family members, to enable them to provide us with services, support, information, advice and guidance in order to achieve a positive outcome for me and my family. North East Lincolnshire Council is the Data Controller for the processing of my personal information and that will process all personal information in accordance with the Data Protection Act.  In order for us to show how well families are progressing with our help and support we need to share your personal information (including your name and date of birth) and our outcomes with the government (Department for Communities & Local Government) and partners/organisations (as above). It will not affect your benefits, services or treatments that you get. Your information will be anonymous and handled with care in accordance with the law. We are sharing your information to help improve the services your family and other families receive in the future.  Any information we hold regarding you and your family will be kept confidential, however to ensure the protection and wellbeing of every child, relevant information may be disclosed to appropriate agencies. | | | | | | | | | | |
| **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 Assessment Plan**  **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**

*To be completed at a Review point (e.g. Collaborative Support and Allocation Meetings CSAM’s in family hubs or Multi Agency Meetings/Family Network meetings)*

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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 |
|  |  |  | |  |
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|  |  |  | |  |
| **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** *(All professionals collectively)* | | | | |
| 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 |