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**Early Help Assessment Plan (EHAP)**

Completed Early Help Assessment Plans should be emailed to:[**NELCChildrensFrontDoor@Nelincs.Gov.uk**](mailto:NELCChildrensFrontDoor@Nelincs.Gov.uk)

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| **FAMILY NETWORK DETAILS**  **(please complete the following for each person in the household (child, young person, parents, carers) insert more rows if needed** | | | | | | | | |
| **Full name** | **Date of birth**  **(dd/MM/yyyy)** | **Parental responsibility?** | **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 needed?** | **Disability?** | **Telephone Number** |
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| **TELEPHONE NUMBER and FAMILY ADDRESS inc POSTCODE** | | **Main Telephone number:**  **House name / number**  **1st line of address**:  **2nd line of address**:  **County**:  **Post Code**: | | | | | | |

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| **EXTENDED FAMILY MEMBERS and PROFESSIONALS INVOLVED - who else is currently involved with the family NOT living in the home address, insert more rows if needed** | | | | | |
| **Name and relationship** | | **Telephone number and address** | **Supporting who?** | **Consulted in respect of this Assessment?** | **Consent gained to discuss Early Help assessment** |
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| **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 or any agencies/professionals that you think could become involved***?* | | | | | |
| **Assessment Details** | | | | | |
| **WHAT ARE THE WORRIES/ REASON FOR THE ASSESSMENT? Outline of the history and what has led to this assessment needing to be completed.** | | | | | |
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| **COMPLICATING FACTORS and 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). Consider all elements of the Assessment Triangle (Copy with further details is on [www.nelincs.gov.uk/childrenservices/docs](http://www.nelincs.gov.uk/childrenservices/docs) ) and contextualised safeguarding concerns. (Risk Assessment Tool available on <https://www.safernel.co.uk/staying-safe-and-prevention/prevention-early-intervention> | | | | | |
| **Child’s development Needs:** (Health, Education, Emotional and Behavioural development, Identity, Family and Social Relationships, Social Presentation, Selfcare skills)  **Parenting Capacity:** (Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries, Stability)  **Family and Environmental Factors:** (Family History and Functioning, Wider Family, Housing, Employment, Income, Families Social Interaction, Community Resources)  **Contextualised Safeguarding Concerns** (Is the child/young person going missing from home or care, frequenting areas known for on/off sex work/child sexual exploitation hotspots or mixing with peers linked to these areas, is the young person suspected to be involved in a gang or group, do they have unexplained money or gifts?) | | | | | |
| **What is working well for child/ren and/or family?** | | | | | |
| **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?) **Considering all elements of the Assessment Triangle and Contextualised Safeguarding as above** | | | | | |
| **Child’s development Needs:** (Health, Education, Emotional and Behavioural development, Identity, Family and Social Relationships, Social Presentation, Selfcare skills)  **Parenting Capacity:** (Basic Care, Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries, Stability)  **Family and Environmental Factors:** (Family History and Functioning, Wider Family, Housing, Employment, Income, Families Social Interaction, Community Resources)  **Contextualised Safeguarding Concerns** (Is the child/young person going missing from home or care, frequenting areas known for on/off sex work/child sexual exploitation hotspots or mixing with peers linked to these areas, is the young person suspected to be involved in a gang or group, do they have unexplained money or gifts?) | | | | | |
| **Existing wellbeing/safety** (when the worry is present, what helps the child/ren or family manage, overcome or avoid the worry?) **Considering all elements of the Assessment Triangle and Contextualised Safeguarding as above** | | | | | |
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| **Authors Analysis of the concerns and what needs to happen** | | | | | |
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| **AUTHORS OVERALL WORRY SCALE** | | | | | |
| Worried Not worried  **0 1 2 3 4 5 6 7 8 9 10**  **What could improve it by 1?** | | | | | |
| **Dates the child/young person/s were seen and spoken to and what did they say in relation to the worry** |  | | | | |
| **Past Social Care/Early Help involvement – have the family been open to services before, if so when and why?** |  | | | | |

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| **Family and their Network’s Experience** | | | | | | | | | | | | | | |
| **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. | | | | On a scale of 0 -10 how worried are they? 10 no worries 0 worst the situation could be | | | What does s/he say are the best things about their life, their family, and their care of the child/ren  EXISTING STRENGTHS | | | | 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 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. | | | | On a scale of 0 -10 how worried are they? 10 no worries 0 worst the situation could be | | | 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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| **Planning** | | | | | | | | | | | | | | |
| **Family Safety Plan** | | | | | | | | | | | | | | |
| **Name and role**  **(WHO IN YOUR FAMILY CAN HELP?)** | | | | **What are the specific tasks of this person?**  **(WHAT WILL THEY DO AND WHY?)** | | | | | | | | | **How often will they see the child (WHEN WILL THEY HELP YOU?)** | |
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| **PROFESSIONAL SUPPORT**  **Which professionals are involved/need to be involved and why?** | | | | | | | | | | | | | | |
| **Which Agencies are involved/need to be involved** | | | | **Why are they involved or need to become involved?** | | | | | **Who is going to complete the referral? If necessary** | | | | **When will the referral be made by?** | |
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| **All request for Early Help/Locality Family Hub support are initially screen for a safeguarding overview**  **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 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)** | | | | | | | | | | | | | | |
| **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):** | | | | | | | | |
| **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) | **CSAM**   **IAG given**  **Close Early Help Case**  **Universal**    **External Agency** |
| **Reasons for these Suggested Outcomes** (Internal screening team) | |
| **Date decision maker provided feedback to author** | |

**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 |