**Early Help Assessment Plan**

Completed Early Help Assessment Plans should be emailed to:**TAF@Nelincs.Gov.uk** and if you are requesting a service from the Local Authority, also emailed to **NELCChildrensFrontDoor@Nelincs.Gov.uk**

 **If you are requesting a service from the Local Authority, please ensure what you are requesting is highlighted in red within your assessment**

**This assessment should always be completed with the child, young person and family. Please ensure written permission has been obtained – see last page.**

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| **Person completing this assessment with child/young person and family** |
| **Name:**  | **Agency:** | **Role:**  |
| **Contact Number:** | **Email address:**  | **Date conversation held with the family:** |

**Section 1: Child, family and friend details:**

**Which child or young person is this assessment for? Please also include other children in the family:**

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| --- | --- | --- | --- | --- |
| **1.Child’s name** |  | **Date of Birth or Estimated due Date** | **Preferred name and pronouns** | **Ethnicity** |
|  |  |  |
| **2.Child’s name** |  | **Date of Birth** | **Preferred name and pronouns** | **Ethnicity** |
|  |  |  |
| **3.Childs name** |   | **Date of Birth** | **Preferred name and pronouns** | **Ethnicity** |
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| **Family Address *(Including postcode):******(Please state if this is a placement or short-term living arrangement)*** |  |
| **If parents are separated, please state the other parent’s address:** |  |

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| **Family and Friends (Networks) Please include all direct/close family members:** |
| **Name** | **Contact Telephone Number** | **Date of Birth** | **Relationship to the child/young person/family:** | **Parental Responsibility?****Y/N** | **Do they live with the child?****Y/N** | **Have they agreed to their details being used in the assessment?** |
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| **Do any of the children/young persons (YP) have a caring responsibility?**If so the impact of their caring role and whether extra support is needed should be fully explored throughout the assessment.  | **If yes, please indicate which child or YP has a caring role:** | **Is this child privately fostered? (If yes, please provide details)** | **Y/N** |

**Details of professionals already involved or recently closed to the child, YP or family members:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service/Role/****Agency**[**https://www.safernel.co.uk/wp-content/uploads/2023/11/Directory-of-Services-October-23.pdf**](https://www.safernel.co.uk/wp-content/uploads/2023/11/Directory-of-Services-October-23.pdf) | **Current/previous involvement (If within the last 6 months)** | **Name of worker** | **Supporting who?** | **Have they contributed to the assessment?** | **Contact details** |
|  | **Open** | **Closed date:** |  | **Child** | **Family** | **Yes** | **No** |  |
| ***(Example: Navigo, EWO)*** | ***Yes*** |  | ***Joe Bloggs*** | ***Yes*** | ***mum*** | ***x*** |  | ***01472 123123*** |
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**Section 2: Child/Young Person and Family Overview:**

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| **What are you worried about?** | **What is going well?** | **What needs to happen** |
| ***What is happening right now and/or has happened in the past that we are worried about?******What or who are making the difficulties harder to manage?***  | ***What has already been tried that has worked well*?** ***Who or what is helping and how?******What do the family or child do well?***  | ***What are the next steps everyone will take? What difference will it make to the child and family?***  |

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| **Authors overall worry scale** |
| **Worried 0 1 2 3 4 5 6 7 8 9 10 Not Worried at all** |
| **What could improve it by 1?**  |

**Additional Supporting information**

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| --- | --- | --- | --- |
| **Education** | **Yes** | **No** | **Details** |
| **Is the child working at or above age-related expectations?** |  |  |  |
| **Does the child have an Educational Health Care Plan?** |  |  |  |
| **Does the child have any additional needs/SEND?** |  |  |  |
| **Does the child/YP have suspensions/exclusions** |  |  |  |
| **Any other identified health need?** |  |  |  |

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| **Attendance for education** | **Details** |
| **Overall Attendance** |  |
| **Lates** |  |
| **Minutes Late** |  |
| **Patterns** |  |
| **Authorised Absence** |  |
| **Unauthorised Absence** |  |
|  |  |
| **Attendance for Engagement with other Services** |  |
| **Hospital/ Health appointment attendance** |  |
| **Mental Health appointments** |  |
| **Drug and Alcohol appointments** |  |

**3. what do the children and young people think?** Please use the most appropriate VOC resource to capture the child’s views this could be – The 3 Islands, the Wizard, the Fairy, if recording for the child please you their exact words if possible.

Text box:

**What do you worry about?**

Text box:

**What would help make things better for you?**

Text box:

**Is there anyone or anything that is helping you cope with your worries?**

\*Please continue on a separate sheet if needed

**Section 4: Worries and Goals:**

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| --- | --- | --- |
| **Worry Statement**If things don’t improve, what are we worried will happen to the child or young person?Write a statement for each worry or theme | **Goal**What do we need to see to know that the child is safe and well enough for us to not be worried anymore?Write a goal for each worry statement | **On a scale of 0-10, what number does everyone scale and why? 0 is worry statement and 10 is the goal:**0 1 2 3 4 5 6 7 8 9 10  |
| **Worry Statement 1:**  | **Goal 1:** |  |
| **Worry Statement 2:** | **Goal 2:** |  |

**Section 5: Next Steps:**

***Please include any safety plans in this section***

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| --- | --- | --- | --- | --- |
| **What needs to happen?** | **Outcome area** Education Family relationshipsChildren safe from abuse/neglect Finance and Employment Crime Early Years Development Domestic Abuse Mental/ Physical HealthHousing Substance use | **Who needs to do it?** | **When by?** | **Date completed?** |
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**Section 6: Information Sharing**

TAF is a voluntary process, and permission from the young person and family is required before the information in this assessment is shared outside of your agency. For further information see your agency’s policies and procedures.

* I agree to the Early Help Assessment (EHA) taking place.
* I understand that information that is relevant to my child’s/my needs will be recorded and securely stored in a paper or electronic file.
* I understand that this assessment may need to be shared, where appropriate, with other professionals in order to help provide and

co-ordinate support for my family.

|  |  |
| --- | --- |
| **Parent/carer/child/YP Name:** |  |
| **Signed:**(Parent/carer/child or young person) |  |
| **Practitioner Name:** |  |
| **Signed:**(Practitioner) |  |
| **Date permission given:**  |  |
| **Date Assessment submitted to TAF Admin:** |  |

If there are any safeguarding concerns for the child or young person, the workers involved will need to contact Children’s Services, Social Care