**Southend on Sea Borough Council**

*A photo can go here (or symbol / image that means something to the young person)*

***Name***

**Early Help Assessment**

**PART 1 Personal Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Child or Young Person** | | | | | | | | |
| Surname: | |  | Given name(s): | |  | | | |
| AKA/previous names: | |  | | | |
| Date of Birth or EDD: | |  | Gender: | |  | | | |
| Home Address: | | | Religion: | |  | | | |
|  | | | Ethnic origin: | | Choose an item. | | | |
| Home Language(s): | |  | | | |
| UPN: | |  | NHS No: | |  | | | |
| Additional information *e.g. disabilities, private fostering*, feels themselves to be a Young carer: | | |  | | | | Version No: |  |
| **Details of Parent(s) /Guardian(s)** with **Parental Responsibility** | | | | | | | | |
| Name: |  | | Relationship to Child/Young person: | | |  | | |
| Home Address: | | | D.O.B: |  | | | | |
|  | | | Home telephone: |  | | | | |
|  | | | Work telephone: |  | | | | |
|  | | | Email: |  | | | | |
|  | | | | | | | | |
| Name: |  | | Relationship to Child/Young person: | | |  | | |
| Home Address: | | | D.O.B: |  | | | | |
| Home telephone: |  | | | | |
| Work telephone: |  | | | | |
| Email: |  | | | | |
| **Who else has parental responsibility?** | | | | | | | | |
| Name: | | | Relationship to Child/Young person: | | |  | | |
| Home Address: | | | D.O.B: |  | | | | |
| Home telephone: |  | | | | |
| Postcode: | | | Email: |  | | | | |
| **Who lives at home? Who cares about me?** | | | | | | | | |
| Name: |  | | Relationship to Child/Young person: | | |  | | |
| Home Address: | | | Postcode: |  | | | | |
|  | | | | | | | | |
| Name: |  | | Relationship to Child/Young person: | | |  | | |
| Home Address: | | | Postcode: |  | | | | |

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| **People present at the assessment:** |
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| **What has led to this unborn baby, infant, child or young person being assessed? *Significant History*** |
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| --- | --- | --- | --- |
| **Details of person(s) undertaking assessment:** | | | |
| Name: |  | Contact tel. no: |  |
| Address: | | Role: |  |
| Postcode: |  | Organisation: |  |

|  |  |
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| **Details of Lead Professional:** | |
| Name of Lead Professional: |  |
| Lead Professional’s contact number: |  |
| Lead Professional’s Email address: |  |
| Name of Agency: |  |

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| **Services working with this infant, child or young person:**  **Universal** | | |
| **Service** | **Details** | **Telephone** |
| GP: |  |  |
|  |
| Current Setting: |  |  |
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| --- | --- | --- |
| **Other Services** | | |
| **Service** | **Details** | **Telephone** |
|  |  |  |
|  |  |  |
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|  |  |  |

**If Child Protection, send to:** [**FCT@southend.gcsx.gov.uk**](mailto:FCT@southend.gcsx.gov.uk)

**If Early Help Assessment, send to:** [**earlyhelpcontactpoint@southend.gov.uk**](mailto:earlyhelpcontactpoint@southend.gov.uk)

**PART 2 All about Me (Strengths and Needs)**

|  |
| --- |
| **My Health** |

|  |
| --- |
| **General Health** |
| *Conditions and impairments, access to and use of dentist, GP, optician, immunisations, developmental checks, hospital admissions, accidents, health advice and information* |
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| **Physical Development** |
| Nourishment, activity, relaxation, vision and hearing, fine motor skill (drawing etc), gross motor skills (mobility, playing games and sport etc) |
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| **Speech, Language and Communication** |
| *Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; respondingh; understanding* |
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| **Emotional and Social Development */ Things I am good at*** |
| *I would rate my mood….the highest is…the lowest I feel is,..I sometimes feel depressed or anxious…this looks like…;I have thought of taking my own life / taken overdose …how many times…did you seek medical attention? Have you hurt yourself on purpose, how often, what did you do? I sleep well… do you wake up at night, struggle to go to sleep? Do you use any form of drugs? How’s your appetite…do you eat regularly? What makes you worried, depressed or anxious?* |
|  |

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| **Behavioural Development */ What is working well & what I would change*** |
| *Lifestyle, self-control, reckless or impulsive activity, behaviour with peers, substance misuse, anti-social behaviour, sexual behaviour, offending, violence and aggression, restless and over active, easily distracted, attention/concentration, child sexual exploitation.* |
|  |

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| **Identity, self-esteem, self image and social presentation / *Who am I, what do I think of myself?*** |
| *Perceptions of self, knowledge of personal/family history, sense of belonging, experiences of discrimination due to race, religion, age, gender, sexuality and disability* |
|  |

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| **Family and Social Relationships */ My family and friends*** |
| *Building stable relationships with family, peers and wider community; helping others, friendships, levels of association for negative relationships* |
|  |

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| **Self-care skills and independence */ Can I look after myself?*** |
| *Becoming independent, boundaries, rules, asking for help, decision making, changes to body, washing, dressing, feeding, positive separation from family* |
|  |

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| **My Learning** |

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| **Understanding, reasoning and problem solving */ Things I am good at*** |
| *Organising, making connections, being creative, exploring, experimenting, imaginative play and interaction* |
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| **Participation in learning, education and employment / *What do I like to do?*** |
| *Access and engagement, attendance, participation, adult support, access to appropriate services.* |
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**Current School Attendance Figures:**

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| **Progress and achievement in learning */ How am I doing?*** |
| *Progress in basic and key skills, available opportunities, support with disruption to education, level of adult interest* |
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| **Aspirations */ The future*** |
| *Ambition, pupils confidence and view of progress, motivation, perseverance, things I like, things I don’t like, how I need to be supported, heard and understood* |
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| **Me and my Family** |

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| **Basic care, ensuring safety and protection / *What do I need to be safe?*** |
| *Provision of food, drink, warmth, shelter, appropriate clothing, personal and dental hygiene, engagement with services, safe and healthy environment.* |
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| **Emotional warmth and stability / *What do I need to be cared for?*** |
| *Stable, affectionate, stimulating family environment, praise and encouragement, secure attachments, frequency of house, school, and employment moves* |
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| **Guidance, boundaries and stimulation / *What is my behaviour like?*** |
| *Encouraging self control, modelling positive behaviour, effective and appropriate discipline, avoiding over protection, support for positive activities* |
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| **Family history, functioning and well-being / *What is my family like?*** |
| *Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour, culture, size and composition of household, absent parents, relationship breakdown, physical disability and mental health, abusive behaviour* |
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| **General concerns / *Am I safe?*** |
| *Are there any concerns about substance misuse, anti social behaviour* |
|  |

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| --- |
| **Housing, employment and financial considerations */ What do you like or dislike about where you live?*** |
| *Water/heating/sanitation facilities, sleeping arrangements, reason for homelessness, work and shifts, employment, income and benefits, effects of hardship* |
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| **My Views, Conclusions and Solutions** |

**What are your views on the whole?**

|  |  |
| --- | --- |
| **Strengths & resources */ What are you good at?*** | |
| **Childs Views** |  |
| **Parents Views** |  |
| **Assessors Views** |  |

|  |  |
| --- | --- |
| **Needs & worries */ What do you need help with*** | |
| **Childs Views** |  |
| **Parents Views** |  |
| **Assessors Views** |  |

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| --- | --- |
| **What changes are wanted?** | |
| **Childs Views** |  |
| **Parents Views** |  |
| **Assessors Views** |  |

|  |  |
| --- | --- |
| **How can changes happen?** | |
| **Childs Views** |  |
| **Parents Views** |  |
| **Assessors Views** |  |

**PART 3 Early Help Assessment Delivery Plan and Review**

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| --- |
| **Team Around the Child and Family / Children & Family Panel Delivery Plan and Review** |

**My (Child’s) Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Given Name(s): |  | Family Name: |  | DOB or EDD: | |  | |  |
| Address: | | Postcode: |  | Male | Female | | Unknown | |
|  |

**Lead Professionals Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Agency/Relationship: |  | Email: |  |
| Address: | | Postcode: |  | Contact Number: |  |
|  | |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Desired Outcome**  *Is it \*SMART?* | **Action**  *How am I going to do this?* | **Who will help me to do this?** | **Achievements and/or challenges towards meeting desired outcomes** | **Date Achieved** | **Contributing to which SBC Aim** |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |

***\*****SMART = Specific, Measurable, Achievable, Related, Time bound*

|  |  |  |  |
| --- | --- | --- | --- |
| **Staged Model of Intervention:** | | | |
|  | | | |
| **Stage 1 *Universal*** | **Stage 2 *Vulnerable*** | **Stage 3 *Complex*** | **Stage 4 *Acute*** |

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| --- | --- | --- |
| **Agreed Review Date:** |  |  |

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| **My Delivery Plan and My Views:** |
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| --- |
| **Parent or Carer’s comment on the assessment and actions identified:** |
|  |

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| **Consent statement for information storage and information sharing** |

“We need to collect the information in this EHA and review form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.”

“We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share”

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

Me

This infant, child or young person for whom I am a parent

This infant, child or young person for whom I am a carer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I have had the reasons for information sharing and information storage explained to me and I understand those reasons. | Yes |  | No |  |
| I agree to the sharing of information, as agreed, between the services listed below (these are in addition to those already identified in the EHA consent section) | Yes |  | No |  |
|  | | | | |
| *(Practitioner to detail what information may be seen by which agencies)* | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signed |  | Name |  | | Date | |  |
| Signed |  | Name |  | | Date | |  |
| **Assessor’s signature** | | | | | | | |
| Signed |  | Name |  | Date | |  | |

**Exceptional circumstances: concerns about significant harm to infant, child or young person.**

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures.

***Additional Page Only to be Used at Review***

|  |
| --- |
| **Team Around the Child and Family/Children & Family Panel Delivery Plan & Review** |

|  |
| --- |
| **People present:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have the outcomes been achieved / can the EHA be closed?** | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for closure:** |  | **Or** | **Agreed review date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Can the parent(s)/carer(s) be contacted by email to seek feedback on their family’s experiences of the Early Help Assessment? | | Yes |  | No |  |
| Parent/Carer email: |  | | | | |

|  |
| --- |
| **Additional Review Notes:** |
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| --- |
| ***My Views /* Child or young person’s comment on the review and progress made:** |
|  |

|  |
| --- |
| **Parent or carer’s comment on the review and progress made:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are there any new actions or outcomes that have been added to the Delivery Plan** | Yes**\*** |  | No |  |

\*please ensure that the consent for information storage and information sharing has been updated on the previous page and resigned by the parents/carers

|  |
| --- |
| **I have contributed to the to the information contained within the Review Delivery Plan and agree its contents:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signed |  | Name |  | | Date | |  |
| Signed |  | Name |  | | Date | |  |
| **Assessor’s signature** | | | | | | | |
| Signed |  | Name |  | Date | |  | |

For further guidance regarding the Early Help Assessment and integrated working please refer to the Early Help Practitioner Toolkit