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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 familyhelpprequests@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.

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:

1. Child's name	Date of Birth or Estimated due Date	Preferred name and pronouns	Ethnicity

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2.Child's name		Date of Birth	Preferred name and pronouns	Ethnicity
3.Childs name		Date of Birth	Preferred name and pronouns	Ethnicity

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:	

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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<p>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.</p>	<p>If yes, please indicate which child or YP has a caring role:</p>	<p>Is this child privately fostered? (If yes, please provide details)</p>	<p>Y/N</p>
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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	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	
<i>(Example: Navigo, EWO)</i>	Yes		<i>Joe Bloggs</i>	Yes	<i>mum</i>	x		<i>01472 123123</i>

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Additional Supporting information

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?			

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	

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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.

What do you worry about?

Text box:

A red house-shaped form with a red triangular roof and a red chimney. The text 'What do you worry about?' is centered in the roof. Below the roof is a large white rectangular area with a black border, labeled 'Text box:' in red text at the top left.

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

Text box:

A yellow house-shaped form with a yellow triangular roof and a yellow chimney. The text 'Is there anyone or anything that is helping you cope with your worries?' is centered in the roof. Below the roof is a large white rectangular area with a black border, labeled 'Text box:' in yellow text at the top left.

What would help make things better for you?


Text box:

A green house-shaped form with a green triangular roof and a green chimney. The text 'What would help make things better for you?' is centered in the roof. Below the roof is a large white rectangular area with a black border, labeled 'Text box:' in green text at the top left.

*Please continue on a separate sheet if needed

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Section 4: Worries and Goals:

<p>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</p>	<p>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</p>	<p>On a scale of 0-10, what number does everyone scale and why? 0 is worry statement and 10 is the goal:</p> 
<p>Worry Statement 1:</p>	<p>Goal 1:</p>	
<p>Worry Statement 2:</p>	<p>Goal 2:</p>	

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Section 5: Next Steps:

Please include any safety plans in this section

What needs to happen?	Outcome area Education Children safe from abuse/neglect Crime Domestic Abuse Housing	Who needs to do it?	When by?	Date completed?
	Family relationships Finance and Employment Early Years Development Mental/ Physical Health Substance use			

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:	

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(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