**Early Help Assessment Plan**

Completed Early Help Assessment Plans should be emailed to:**TAF@Nelincs.Gov.uk**

Ifyou are requesting a service from the Local Authority in addition, this should also be emailed to **Familyhelprequests@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**

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| **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:** |  |

**Family and Friends (Networks) Please include all direct/close family members:**

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| **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 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.  | **Y/N** | **If yes, please provide details:** |
| **Are any of the children in the family privately fostered?** | **Y/N** | **If yes, please provide details:** |

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

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| **Service/Role/****Agency** | **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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**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 any suspensions/exclusions** |  |  |  |
| **Any other identified health need?** |  |  |  |

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

**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?***  |

**3. what do the children and young people think?** Please use the most appropriate VOC resource to capture the child’s views, if recording for the child please you their exact words if possible. Please be creative in gaining voice of the children and relate it to the concerns you have.

**What is going well?**

**What do you worry about?**

**Who or what helps you with your worries?**

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

**Section 4: Analysis**

**Identified risk factors – may increase the likelihood of worries occurring or recurring.**

*Identify risk factors relating to the child’s development, parenting capacity and family and environmental factors that may increase the risk of future worries.*

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**Identified protective factors - Protective factors are likely to counteract the impact of the identified worries.**

*Identify protective factors relating to the child’s development, parenting capacity, family and environmental factors.*

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**Which of these factors are likely to be most significant for the child in terms of increasing or reducing worries? On the basis of all the information gathered what are the likely outcomes for the child/young person?**

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**What needs to change to reduce the worries? *Include how you/family/friends will keep the child and family safe***

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**Section 5: Next Steps**

**What are the family/friends going to do to support the plan?** *(Anybody family/friends listed in the plan should already be identified in Section 1)*

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| **Name** | **What are the specific tasks this person is going to do?** | **Time frame****(When by)?** | **Outcome area** Education Family relationshipsChildren safe from abuse/neglect Finance and Employment Crime Early Years DevelopmentDomestic Abuse Mental/ Physical HealthHousing Substance use |
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**What are school/health/partner agency going to do to support the plan?**

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| **Name & role/agency** | **How often will you see the child** | **What are the specific tasks for this person?** | **Timeframe**  | **Outcome area** Education Family relationshipsChildren safe from abuse/neglect Finance and Employment Crime Early Years DevelopmentDomestic Abuse Mental/ Physical HealthHousing Substance use |
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**Section 5: 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.

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| **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