

**Early Help Assessment**

The Early Help Assessment (EHA) is our local assessment used by all agencies working with children and their families in Derby and Derbyshire. It helps everyone to agree what extra help may be needed to support a child or young person at an early stage.

For further information and guidance about the EHA process please see [www.derbyscb.org.uk](http://www.derbyscb.org.uk) or [www.derbyshirescb.org.uk](http://www.derbyshirescb.org.uk). If you need advice about the completion of an EHA and services who might help, please contact:

* In Derby an [Early Help Advisor](https://www.derbyscb.org.uk/staff-and-volunteers/info-and-resources/early-help/) or
* In Derbyshire [Starting Point](https://www.derbyshire.gov.uk/social-health/children-and-families/support-for-families/starting-point-referral-form/starting-point-request-for-support-form.aspx) or your local Multi Agency Team (MAT) Manager

|  |
| --- |
| **Section 1: Reasons and understanding about your assessment**  |

|  |  |
| --- | --- |
| **Name of Child/Family being assessed:** |       |

**Information sharing**

The practitioner completing the form has explained how information gathered within this assessment will be used, shared within their organisation and where I can access a full copy of the agency privacy notice. I understand that information will only be stored and shared for the purpose of helping me/my family.

Who would you like us to contact to share information with to help complete this assessment? Please give details below:

|  |
| --- |
|        |

**Where there are complex/serious or child protection concerns all agencies have a duty to share information with Children’s Social Care.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by parent/carer:** |       | **Date:** |       |
|  |  |  |  |
| **Signed by parent/carer:** |       | **Date:** |       |
|  |  |  |  |
| **Signed by young person:** |       | **Date:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by practitioner:** |       | **Date:** |       |

**Who is completing this assessment?**

|  |  |
| --- | --- |
| **Name of Practitioner completing the assessment:** |       |
| **Role, organisation and contact details:** |       |

|  |  |
| --- | --- |
| **Date the assessment started:** |       |
| Aim to be completed within 10 working days unless otherwise agreed |

**What are the reasons for starting this assessment?**

|  |
| --- |
|       |

|  |
| --- |
| **Section 2: Your family household**  |

**Details of all children, young people, family members and others living in household**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB/****EDD** | **Gender** | **Ethnicity** | **Disability** | **Religion** | **Relationship to child/ren** | **Has PR?** |
|       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |

**Family Address**

|  |
| --- |
|       |
| **Postcode:**       | **Telephone:**       |

**Other significant people not living in household**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Ethnicity** | **Disability** | **Religion** | **Address** | **Relationship to child/ren** | **Has PR?** |
|       |       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |
|       |       |       |       |       |       |       |       | Yes [ ]  No [ ]  N/A[ ]  |

Note: a genogram (also known as a family tree) may help you complete the above

**Communication needs (including language) of any of the people to be included in this assessment**

|  |
| --- |
|       |

**Other things to consider regarding the assessment i.e. access to the home, times, pets, safety issues**

|  |
| --- |
|       |

|  |
| --- |
| **Section 3: Your family support and history**  |

**Services working with you and your family now and relevant previous agency involvement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency details** | **Current or Past** **(include dates)** | **Agency Contact details, including name/role of any key workers**  | **Who for?** |
| GP please note if parent’s GP different to child’s      |       |       |       |
| Education for each child i.e. nursery, school, college      |       |       |       |
| Primary Health Nurse for each child i.e. midwife, health visitor, school nurse      |       |       |       |
| Any specialist services for each child i.e., CAMHS, Health, YOS      |       |       |       |
| Any ‘Adult Services’ for each adult i.e. substance, mental health, learning disability, probation       |       |       |       |
| Housing agencies      |       |       |       |
| Family support agencies      |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| **Section 4: Your family's history, profile and story** |

**Significant events and their impact** i.e. new baby, bereavement, separation/divorce, redundancy, experience of abuse or violence. A chronology can help you to organise and understand these events.

|  |
| --- |
|       |

**If appropriate, has your family received information about:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key safety issue** | **Yes**  | **No**  | **N/A**  |
| * Working smoke alarms on each floor of the property
 | [ ]  | [ ]  | [ ]  |
| * Fire escape plans to ensure the children and family could all escape safely
	+ How?
 | [ ]  | [ ]  | [ ]  |
| * Safe sleep arrangements
 | [ ]  | [ ]  | [ ]  |
| * Don't shake your baby advice
 | [ ]  | [ ]  | [ ]  |
| * Home safety, including nappy sacks and button batteries
 | [ ]  | [ ]  | [ ]  |
| * Safe storage of harmful substances
 | [ ]  | [ ]  | [ ]  |
| **For more information see Guidance for completing a Family Early Help Assessment, section 4** |

Remember there are a number of useful tools which you may wish to use to support you in your assessment with the child and their family. Tools can help you to effectively listen and hear children perspectives so that their views can be taken into account. You may already have access to assessment tools that are specific to your area of work, however there are other are more general tools which can be used by any agency; see [EHA Guidance document](https://derbyshirescbs.proceduresonline.com/docs_library.html) for more information.

**Child and Family Profile and Story**

**Child's/children’s lived experience and story** Child/young person's development, physical and emotional health, learning and behavioural development, including any special needs or disabilities and family and social relationships. Remember to identify needs as well as strengths. Comment on what life is like for each child and young person in this family. Include the views and feelings of each child.

|  |
| --- |
|       |

**Parents and carers story and how they look after their children** parenting skills, basic care, guidance & boundaries, emotional warmth & stability whist ensuring safety. Note any attendance at parenting programmes. Include the parent’s views, strengths and needs.

|  |
| --- |
|       |

**Family, home, community and support networks** family history & relationships, wider family, housing & finances, useful resources available in locality. Note strengths and needs.

|  |
| --- |
|       |

|  |
| --- |
| **Section 5: Summary and Analysis**  |

Reflecting on the assessment above, what is the understanding and analysis of the emerging needs for the child or children? Consider the impact on the child or children now and in the future and what needs to change to improve the outcomes each child. Differences of opinion with the family’s views need to be reflected on and taken into account.

**What is working well for this child or children and their family?**

|  |
| --- |
|       |

**What are you and the family worried about? Are there any concerns and risks? What is the impact or potential impact of these on the child or children? What might happen if we didn’t do anything?**

|  |
| --- |
|       |

**What needs to change? How will we know that things are better for this child or children and their family?**

|  |
| --- |
|       |

|  |
| --- |
| **Section 6: Identified actions from Early Help Assessment** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What do we want to achieve?** | **How are we going to do it?** | **Who? (family member, extended family, friend, practitioner, other)** | **When by?** | **Date completed** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Is a Team Around the Family (TAF) meeting needed? No** [ ]  **Yes** [ ]  **If yes, what is the date of the first TAF meeting? ……………………………….**

Aim to hold the TAF within 2 – 4 weeks. See also DSCBs procedures [documents library](http://derbyshirescbs.proceduresonline.com/docs_library.html) for Team Around the Family (TAF) meeting document and guidance.

**Name of Lead Practitioner, agency and contact details**

|  |
| --- |
|       |

**Child / young person's views on the identified actions**

|  |
| --- |
|       |

**Parents / carers views on the identified actions**

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date early help assessment and plan completed:** |       |  | **Date the above plan will be reviewed:**Note: where a TAF is needed this will be at the TAF meeting |       |

I/we have read the assessment and have had the reasons for sharing information explained to me. I/we give consent for the information to be shared with the following agencies:

|  |
| --- |
|       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed by young person:** |       | **Date:** |       |
|  |  |  |  |
| **Signed by parent/carer:** |       | **Date:** |       |
|  |  |  |  |
| **Signed by parent/carer:** |       | **Date:** |       |

**This document must form part of the child’s records within your agency, if information needs to be shared with the Local Authority the following statement should be applied:**

**How is your information used by Derby City Council and Derbyshire County Council?**

The information that we collect will be combined with other information that has been given to us, or that we already hold, to assess and understand a family's needs, and their eligibility for support via Early Help Services or Disabled Children's Services/Teams, and if necessary, help to write, and work towards the outcomes of, a multi-agency support plan, and to either arrange support services on a family's behalf, or provide information to a family about services that they could access. If appropriate the information may also be used to make a referral to Children's Social Care.

**Who will your information be shared with?**

The information you provide may be shared with other departments in the Council (such as Children's Social Care, Commissioning, Education Welfare, Vulnerable Learners Service, Family Information Service, Community Safety Service etc). We may share your information with Health colleagues, Schools (or other Educational Settings); along with any other agencies that you agree for us to make a referral to, on your behalf. If you have given your consent for information to be shared, you may withdraw that consent at any time by contacting the practitioner completing the early help assessment or the Lead Practitioner.

The Early Help Assessment should be undertaken with the agreement of the child and their parent or carers.

In cases where consent is not given for an early help assessment agencies will consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, or suffered significant harm or is likely to do so as defined in the Children Act 1989, agencies have an obligation to share information with Social Care.

For further information about how your personal information will be used, please visit in Derby <https://www.derby.gov.uk/site-info/privacy-notice> or in Derbyshire [www.derbyshire.gov.uk/privacynotices](http://www.derbyshire.gov.uk/privacynotices) where you can see a full copy of the privacy notices. You can also ask the practitioner who has completed the Early Help Assessment for a paper copy of the relevant Derby or Derbyshire Children’s Services Privacy Notice.

**How is your information used by the agency completing this Early Help assessment?**

For further information about how your personal information will be used, please contact the practitioner who has completed the Early Help Assessment with you for a full copy of their organisations privacy notice.