

**Early Help Assessment**

**Part A**

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| **Section 1: Your family household** |

**Details of all children or young people living in household**

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| **Name** | **DOB/**  **EDD** | **Gender** | **Ethnicity** | **Disability** | **Religion** | **Who has PR** |
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**Family / other household members**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB/**  **EDD** | **Gender** | **Ethnicity** | **Disability** | **Religion** | **Relationship to child(ren)** |
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**Address**

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

**Other significant people not living in household**

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| **Name** | **DOB** | **Gender** | **Ethnicity** | **Disability** | **Religion** | **Rel'ship to child(ren)** | **Address** |
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**Communication needs (including language) of any of the people to be included in this assessment**

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**Details of other issues regarding the assessment i.e. access to the home, times, pets, conflict, domestic abuse**

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| **Section 2: Reasons and understanding about your assessment** |

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

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| **Family member / practitioner completing form:** |  | **Mob /**  **tel no:** |  |
| **Family members who have contributed to the assessment:** | | | |

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

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| **Section 3: Your family support, history and safety** |

**Services working with you and your family**

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| **Agency** | **Person supporting** | **Practitioner's name** | **Role** | **Contact details** |
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**Relevant previous agency involvement and any completed assessments**

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| **Agency** | **Name of agency and assessments completed** | **For who?** | **When?** |
| ***Education*** |  |  |  |
| ***Health*** |  |  |  |
| ***Housing*** |  |  |  |
| ***Domestic abuse*** |  |  |  |
| ***Mental health*** |  |  |  |
| ***Significant learning disability*** |  |  |  |
| ***Substance misuse*** |  |  |  |
| ***Offending*** |  |  |  |
| ***Social care*** |  |  |  |
| ***Other, family group conferencing, court*** |  |  |  |
| *For list of possible assessments see Guidance for completing a Family EHA. Please ensure that information about current and previous agency involvement and relevant assessments findings are appropriately incorporated within Section 4: Your families profile and story.* | | | |

**Significant events and their impact** (i.e. new baby, bereavement, separation/divorce, redundancy, experience of abuse or violence)

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**Your family's safety advice**

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| **Key safety issue** | **Yes** | **No** | **N/A** |
| ***Are there working smoke alarms on each floor of the property?*** |  |  |  |
| ***Are the parents / family happy that in the case of a fire they could all escape safely? How?*** |  |  |  |
| ***Safe sleep arrangements*** |  |  |  |
| ***Don't shake your baby advice*** |  |  |  |
| ***Home safety*** |  |  |  |
| ***Safe storage of harmful substances*** |  |  |  |
| **See DSCB website for Family Safety Advice guidance to aid completion of this section**  [www.derbyscb.org.uk](http://www.derbyscb.org.uk) or [www.derbyshirescb.org.uk](http://www.derbyshirescb.org.uk) | | | |

**Derbyshire schools only - Next Steps**

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| Continue with early help assessment? (complete part B) Yes  No |
| Other action, please specify with reasons: |

**Part B**

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

**Child's profile and story** Child/young person's development, physical and emotional health, learning and behavioural development, family and social relationships. Comment on each child and young person, their wishes and feelings and identify needs and strengths.

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**Parents and carers profile and how they look after the children** parenting skills, basic care, guidance & boundaries, emotional warmth & stability whist ensuring safety. Note parents views, strengths and needs plus any attendance at parenting programmes.

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

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| **Section 5: Child, family and practitioner's views** |

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| **What does the child / young person think needs to stay the same, and why?** |
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| **What does the child / young person think needs to change, and why?** |
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| **What does the family think needs to stay the same, and why?** |
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| **What does the family think needs to change, and why?** |
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| **What does the practitioner think needs to stay the same, and why?** |
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| **What does the practitioner think needs to change, and why?** |
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| **Section 6: Practitioner's analysis** |

**What are you / the family worried about (risks)?**

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**What is the impact of these risks / behaviours on the child and family?**

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**What is working well to address these worries (strengths)?**

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**How will we know when the desired outcome has been achieved / when things are better?**

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| **Section 7: Identified actions from Early Help Assessment** |

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

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

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**Who has seen the children? When and where?**

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**What might happen if this plan is not followed?**

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| **Date assessment completed:** |  |

**Information sharing**

I have had reasons for sharing information explained to me and I understand that information will only be stored and shared for the purpose of helping my family. Is there is anyone you do not want us to share information with? No  Yes  If so, please specify:

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| **Signed on behalf of family:** |  | **Date:** |  |

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| **Signed by practitioner completing form:** |  | **Date:** |  |

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| **Role, organisation and contact details:** |  |

**See also documents for Team Around the Family (TAF) meetings on** [**www.derbyscb.org.uk**](http://www.derbyscb.org.uk) **and** [**www.derbyshirescb.org.uk**](http://www.derbyshirescb.org.uk)

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| **Derby City Early Help Assessment Monitoring Form**  **Appendix 1** |

Once the assessment has been completed (this can be either before or after your first TAF), please complete all sections of this form and return to Locality Single Point of Access (SPA) Clerk. Include details of all children assessed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child's details** | | | | | |
| **Name:** | | | **Any other surname/s? If yes please note:** | | |
| **DOB / EDD** | **Gender** | **Ethnicity** | | **Disabilities** | **Religion** |
| **Address:** | | | | | |
| **Postcode:** | | | | | |
| **Locality 1 & 5**  **Locality 2**  **Locality 3 & 4**  **Not known** | | | | | |
| **Unique pupil number, if known:** | | | | | |

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| **Details of practitioner who completed the early help assessment** | | | |
| **Name:** | **Role:** | | **Agency:** |
| **Address:** | | | |
| **Telephone number:** | | **Email:** | |

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| **Details of Lead Professional, if different from above** | | | |
| **Name:** | **Role:** | | **Agency:** |
| **Address:** | | | |
| **Telephone number:** | | **Email:** | |

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| **⬩ Date Early Help Assessment started:** |  |

**⬩ Was an Early Help Pre-assessment Checklist completed?** Yes  No

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| **Signature:** |  | **Date:** |  |

**Please return to Locality SPA Clerk via:**

POST: marked private and confidential to the Locality Single Point of Access Clerk, CYPD, The Council House, Corporation Street, Derby, DE1 2FS or SECURE EMAIL ONLY to:

* **Locality 1 and 5** [**vcm1and5@derby.gov.uk**](mailto:vcm1and5@derby.gov.uk)
* **Locality 2** [**vcm2@derby.gov.uk**](mailto:vcm2@derby.gov.uk)
* **Locality 3 and 4** [**vcm3and4@derby.gov.uk**](mailto:vcm3&4@derby.gov.uk)

**Appendix 2**

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| **Derby City Early Help Assessment Closure Monitoring Form** |

Once the assessment has been closed, the Lead Professional must complete all sections of this form and return to Locality Single Point of Access (SPA) Clerk. Include details of all children assessed.

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| --- | --- | --- | --- | --- |
| **Child's details** | | | | |
| **Name:** | | **Any other surname/s? If yes please note:** | | |
| **DOB / EDD** | **Gender** | **Ethnicity** | **Disabilities** | **Religion** |
| **Address:** | | | | |
| **Postcode:** | | | | |
| **Locality 1 & 5**  **Locality 2**  **Locality 3 & 4**  **Not known** | | | | |
| **Unique pupil number, if known:** | | | | |

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| **⬩ Date Early Help Assessment started:** |  |

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| **⬩ Date of closure:** |  |

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| **Early Help Assessment Outcome** | **✓** |
| No further support required |  |
| Low level needs - needs met through assessing agency / family |  |
| Emerging needs - needs met through Team Around the Family meetings |  |
| Complex or serious needs - referral to disabled children's service /Lighthouse |  |
| Complex or serious needs - referral to Social Care |  |
| Child protection concerns – Referral to social Care |  |
| Referral to health / medical service |  |
| Other, please provide details below: |  |
|  | |

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| --- | --- | --- | --- |
| **Details of Lead Professional, if different from above** | | | |
| **Name:** | **Role:** | | **Agency:** |
| **Address:** | | | |
| **Telephone number:** | | **Email:** | |

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**Please return to Locality SPA Clerk via:**

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