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**Early Help Pre-assessment**

This checklist has been designed to identify and document low level needs and to request services as part of the Derby City Council Early Help offer to schools. For further information about the early help offer please contact your locality Multi Agency Team (MAT). If co-ordinated multi- agency support is need an early help assessment will need to be completed, you can find out more about this on <https://www.ddscp.org.uk/>.

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| **Section 1: Reasons and understanding for the Early Help Pre-assessment**  |

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| **Name of Child:**  |       |

**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 Early Help Pre- assessment? Please give details below:

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| **Child/Young Person's name:**      | **Signature:**       | **Date:**       |
| **Parent/Carer name:**       | **Signature:**       | **Date:**       |
| **Parent/Carer name:**      | **Signature:**       | **Date:**       |

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| **Details of practitioner completing the form** |
| **Name:**       | **Role:**       | **Agency:**       |
| **Address:**       |
| **Telephone number:**       |
| **Signature:**       | **Date:**       |

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

**Child's details**

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| **Name**:       | **Any other surname/s: If yes please note:**      |
| **DOB / EDD**      | **Gender**      | **Ethnicity**      | **Disabilities**       | **Religion**      |
| **Address:**       |
| **Postcode:**       | **Telephone:**       |
| **Who has parental responsibility for this child?**       |

**Details of parents or carers**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Gender** | **Ethnicity** | **Disability** | **Religion** | **Relationship to child** |
|       |       |       |       |       |       |       |

**Details of other household members, including siblings, and any other significant adults living in household or elsewhere**

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| **Name** | **DOB /****age** | **Gender**  | **Ethnicity** | **Disability** | **Relationship to child / address if different** |
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**Communication needs (including language) of any of the children or adults above**

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| **Section 3: Family support Are there any other agencies involved? If so who? e.g. midwife, health visitor, nursery / school, GP, voluntary sector, housing services or adult based services i.e. drug/alcohol, mental health learning disabilities, probation**  |
| **Agency details**  | **Agency contact details including name/role of any key workers**  | **Who for?** |
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| **Section 4: Your family’s history, profile and story** |

**🞟 Please tell us about any low level or emerging needs in the following areas**

**a. Child's lived experience and story** *Child/young person's development*, *physical and emotional health, learning and behavioural development, family and social relationships. Please note any strengths and needs as well the child's wishes and feelings.*

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**b. Parents / Carers** **story and how they look after the children** *Parenting skills, basic* care, *guidance & boundaries, emotional warmth and stability whilst ensuring safety.* Please n*ote views of parents, any strengths and needs as well as attendance at parenting programmes.*

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**c. Family, home, community and support networks** *Family history and relationships, wider family, housing and finances, useful resources available in the locality. Please note any strengths and needs.*

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**d. Summary and conclusions / What does this mean for the child and their family?**

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| **Section 5: Next Steps** |

**What current support are you offering to the child and their family?**

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| **What support is required?** | **Which service is being requested?**  | **What outcomes would you & the child and family wish to achieve?** |
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**🞟 Other things to consider regarding the above request?** *For example, access to home, communication issues, car parking, times, pets, safety issues:*

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| **Single Agency Action Plan** |

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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)** | **By when?** | **Date completed** |
|       |       |       |       |       |
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**Child / young person's views on the identified actions**

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**Parent's / carer's views on the identified actions**

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| **Agreed review date for plan:** |       |

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| \* Child/Young Person's name:       | Signature:       | Date:       |
| \* Parent’s name:       | Signature:       | Date:       |
| \* Practitioner's name:       | Signature:       | Date:       |

**Plan Review**

**🞟 Did the plan make a difference?**

**🞟 Does anything else need to happen? Please specify:**

**🞟 What are the child and family's view of the services received?**

**How is your information used with Derby City 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 child and family's needs, and their eligibility for support via our Early Help Offer to schools. If necessary, it may be used to help to write, and work towards the outcomes of, a multi-agency assessment and 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 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 pre-assessment.

The Early Help Pre-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 pre-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 <https://www.derby.gov.uk/site-info/privacy-notice> where you can see a full copy of our privacy notice. Alternatively you can ask the practitioner who has completed the Early Help Pre-Assessment for a paper copy of the relevant Derby Children’s Services Privacy Notice.

**How is your information used by the agency completing this Early Help Pre-Assessment?**

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