**Early Help Assessment**

**(Guidance)**

* The EH Assessment is a tool to assess families with additional / complex needs, as laid below against Haringey’s thresholds of need.
* Practitioners no longer have to complete multiple assessments for each household member, avoiding duplication, and children and parents will not be expected to repeat their story to different professionals.
* If you are unsure about anything, please contact 020 8489 1913

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**Process**

After completing / updating the EH assessment, please send it **password protected** to:

EHreferral@haringey.gov.uk

Or via secure email to:

EHreferral@haringey.gcsx.gov.uk

*(this address only works if emailing from “nhs.net” or another “gcsx” account)*

Please state on the EH assessment the date on which parental consent was gained and keep the signed copy of the assessment in your internal child/family file/record. Please do not send handwritten forms.

**Significant harm to infant, child or young person**

**If you have any concerns that an infant, child or young person may be or is at risk of significant harm or has been harmed or abused, you must make an immediate telephone contact with First Response (contact details below). You will then be asked to confirm the referral in writing by completing the Inter-agency Referral Form and submitting it to First Response.**

**First Response: Tel: 020 8489 4582/5652 (during office hours Mon to Thurs 8.45am to 5pm; Fri 8.45am to 4.45pm)**

**Out of office hours including weekends: 020 8348 3148 - Fax: 020 8489 2110**

**If you have any concerns that a child or young person may be experiencing serious emotional or psychological difficulties, risk of self-harm or actual self-harm, please refer to CAMHS directly using the CAMHS referral form, you may contact them on Tel: 020 8342 5900 & Fax**: **020 8342 5939. You may also contact the EH team to request a CAMHS referral form.**

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| **Haringey****Early Help SEND Assessment**  | **S:\ST\ST\Comm\CXPRLXG\office\documents\Brand Refresh\New Logos\Haringey Logos 2\Haringey Logo\Screen\JPG\BS1995_Haringey_TapeType_RED_RGB.jpg** |
| **Family details – include all those living in the family home***If unborn, state name as ‘unborn baby’ and mother’s name, e.g. unborn baby of Ann Smith.****Please complete Annex A at the end of the form for additional siblings*** |
| **Children** | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Full Name** |  |  |  |  |
| **Date of birth/EDD** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Gender** | Male [ ] Female [ ] Unborn [ ]   | Male [ ] Female [ ] Unborn [ ]   | Male [ ] Female [ ] Unborn [ ]   | Male [ ] Female [ ] Unborn [ ]   |
| **Ethnicity** |  |  |  |  |
| **First Language** |  |  |  |  |
| **School/College/Early years provision** |  |  |  |  |
| **Children’s centre reach area** |  |  |  |  |
| **Unique Pupil No (UPN)** |  |  |  |  |
| **NHS No:** |  |  |  |  |
| **Disability** | Yes [ ]  No [ ] *if ‘yes’, please specify* | Yes [ ]  No [ ] *if ‘yes’, please specify* | Yes [ ]  No [ ] *if ‘yes’, please specify* | Yes [ ]  No [ ] *if ‘yes’, please specify* |
| **Main Family address & contact details** |
| **Address:****Postcode:****Phone/Mobile:****E-mail:** |
| **Mother/Carer’s Name**  | **Surname** | **DOB** | **Parental Responsibility**  | **Address (if different from main address)** |
|  |  |  | Yes [ ]  No [ ]  |  |
| **Father/Carer’s** **Name**  | **Surname** | **DOB** | **Parental Responsibility**  | **Address (if different from main address)** |
|  |  |  | Yes [ ]  No [ ]  |  |
| **Further information about the family**

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| Immigration status*e.g. Refugee/asylum seeker* |  |
| Parent(s) first language |  |
| Is an interpreter or signer required? | Yes [ ]  No [ ]  | *if ‘yes’, please specify* |
| Do any other family members have any form of disability? Please give details |  |
| Enter here any other relevant information i.e. cultural or religious considerations |  |

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| **Details of person undertaking the assessment**

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| **Name** |  | **Role** |  |
| **Team/Setting** |  | **Tel** |  |
| **Email** |  |
| **Address** |  |

**What has led to this child, young person & family being assessed?**

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**What information and who has contributed to this assessment?**

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**Has a TAF been convened?** Yes [ ]  No [ ] ***If “yes”, date:*** Click or tap to enter a date. ***who was involved?:*****Summary of key issues**

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| [ ]  Relationship difficulties at home[ ] Relationship difficulties at school[ ] Behaviour: home/community[ ] Behaviour: school[ ] Attendance at educational setting[ ] Child/young person is not in education, employment or training (NEET)[ ] Drug/alcohol issues (young person)[ ] Drug/alcohol issues (parent/carer)[ ] Parental disability/health[ ] Child/YP disability / health[ ] Child's development/learning[ ] Mental health or emotional wellbeing – (child)[ ] Mental health or emotional wellbeing (adult)[ ] Teenage pregnancy[ ] Child sexual exploitation[ ] Low level/emerging neglect[ ] Risk taking behaviour (gang involvement – radicalisation or risk of radicalisation) [ ] Youth offending/Anti-Social Behaviour[ ] Adult offending/Anti-Social Behaviour[ ] Family member being released from prison[ ] Domestic abuse (exposure/victim/perpetrator)[ ] Bullying (victim/perpetrator)[ ] Parenting skills[ ] Housing/Economic/Environmental issues[ ] Immigration issues/No recourse to public funds[ ] Parent on out of work benefits |

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| **Information sharing and consent**

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| As and when we **consider involving other professionals** to support your family, we will **keep you informed**.I agree to the sharing of **sensitive information** between the agencies listed below and all family members including young people as appropriate.We are **obliged** to share information if there are clear child protection reasons for doing so or for the purposes of reducing or preventing anti-social behaviour, crime and disorder.I understand that the information gathered regarding my family is recorded and will be securely stored and used for the purpose of providing services to my family and may also be used for monitoring and auditing.(Tab down to increase rows)

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| **Name** | **Signature** | **Date** |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

 N.B **Details of professionals involved with any of the family members**(Tab down to increase rows) |
| **Agency** | **Current worker** | **Contact details** | **Supporting who?** | **List any assessments undertaken or ongoing** |
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| **GP details:** |
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| Please name any individual or agency you would **not** wish information to be shared with:  |

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| **Family and environment profile**Current family & home situation (e.g. family structure, including siblings, other significant adults who live or don’t live with the child/family)

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What support is offered from extended family, friends & neighbours?

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Describe housing situation *(type of accommodation, is it adequate for the family’s needs, any concerns over overcrowding, hygiene, safety etc)*

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Finance - Source of income, debts, loans, financial problems, management of finance

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Community relationships - involvement in social and recreational activities i.e. after schools activities, sports clubs, music etc.

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| **Child 1 profile [**insert name**]****(Before completing, please copy and paste for each child or young person as needed)**

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| Health - includes general health, nutrition, physical development and substance misuse

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| **Strengths**:  |
| **Difficulties**:  |

Speech, language and communication

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| **Strengths**:  |
| **Difficulties**:  |

Attendance – includes punctuality and engagement

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| **Strengths**:  |
| **Difficulties**:  |

Emotional and social development -includes attachment, confidence, motivation and interpersonal skills

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| **Strengths**:  |
| **Difficulties**:  |

Emotional wellbeing –includespsychological difficulties, risk of self-harm or actual self-harm

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| **Strengths**:  |
| **Difficulties**:  |

Behavioural - includes behaviour difficulties at school or at home, school exclusion or risk of exclusion, anti social behaviour, gang involvement, radicalisation or risk of radicalisation and any sanctions i.e. ASBO, offending

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| **Strengths**:  |
| **Difficulties**:  |

Identity - includes self esteem, self image, belonging, sexuality and gender

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| **Strengths**:  |
| **Difficulties**:  |

Family andsocial relationships - includes friendships

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| **Strengths**:  |
| **Difficulties**:   |

Self care skills and independence

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| **Strengths:**  |
| **Difficulties**:   |

Learning - includes pre-school and at home, school/college experience, understanding, reasoning and problem solving, employment, training, aspirations and achievement

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| **Strengths**:  |
| **Difficulties**:  |

Significant events and impact – includes bereavement, divorce, new baby, witnessing acts of violence or abuse

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Caring responsibilities

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| **Social Care involvement**

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| **Currently Subject to** **CP plan** | **Previously** **subject to** **CP plan** | **Currently Subject to** **CIN plan** | **Previously Subject to** **CIN plan** | **Currently** **Looked After** | **Previously** **Looked After** |
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**Parent/carer profile: [**insert name**]****Before completing, please copy and paste for each adult/parent as needed)**Health - includes general health, nutrition, physical development, communication and substance misuse

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| **Strengths**:  |
| **Difficulties**:  |

Mental health/emotional wellbeing

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| **Strengths**:  |
| **Difficulties**:   |

Social behaviour - includes offending or anti-social behaviour, attitudes, victim or instigator of crime/hate crime, risk radicalisation or gang involvement any sanctions in use i.e. ASBO, tenancy action

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| **Strengths**:  |
| **Difficulties**:  |

Learning and social - includes understanding, training, employment, aspirations and life skills

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| **Strengths**:  |
| **Difficulties**:   |

Parenting -includes basic care, ensuring safety, emotional warmth, guidance, engagement boundaries, understanding developmental needs, play and stimulation

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| **Strengths**:  |
| **Difficulties**:  |

Caring responsibilities– includes vulnerable adults and child care needs

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Domestic violence/abuse – past and present

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Significantevents and impact on the family – new baby, bereavement, separation/divorce, redundancy, experience of abuse or violence *(include a chronology where relevant)*

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Family functioning – relationships between family members, routines/boundaries, communication, capacity to deal with change/crisis

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**Strategies used / in use and their impact on needs***For the main areas of need identified in this assessment, what strategies have been put in place by practitioners and by parents/carers? What impact have they had on needs? (use quantifiable evidence where possible). For school aged children please use the ‘record of interventions and outcomes’*

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| **Interventions** | **Outcomes/impact** |
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|  | **Analysis and conclusions***What are the child/young person’s/families strengths and resources, what are the needs and/or the worries/difficulties. Please make reference to any screening and assessment processes undertaken and any information that is missing from this assessment* |  |
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|  | **What are the aims and goals for change?***What are the key aims the child, young person and/or family would like to address? What are their goals? (Please consider reasons for assessment being carried out). How will you know that things have improved? What will things look like at review from practitioner, child, young person and family perspective?*

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**What are the next steps?***In order of priority list the actions agreed for the people present at the assessment.*

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| **Need***for child/young person and family* | **Action***as agreed with child/young person and family* | **Who will do this?** | **By when?** |
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 **Child or young person’s comment** *(on the assessment and actions)*

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 **Parent or carer’s comment** *(on the assessment and actions)*

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 **I/We agree that this assessment is an accurate summary of my/our family’s situation** (Tab down to increase rows)

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| **Parent/Carer Signature:** | **Name:** | **Date** |
|  |  | Click or tap to enter a date. |
|  |  |  |
| **Young Person’s Signature** | **Name:** | **Date** |
|  |  | Click or tap to enter a date. |
|  |  |  |
| **Assessor’s Signature** | **Name:** | **Date** |
|  |  | Click or tap to enter a date. |

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**Agreed review date:**

**Annex A – additional siblings**

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| **Children** | **Child 5** | **Child 6** | **Child 7** | **Child 8** |
| **Full Name** |  |  |  |  |
| **Date of birth/EDD** |  |  |  |  |
| **Gender** | Male [ ] Female [ ] Unborn [ ]   | Male [ ] Female [ ] Unborn [ ]   | Male [ ] Female [ ] Unborn [ ]   | Male [ ] Female [ ] Unborn [ ]   |
| **Ethnicity** |  |  |  |  |
| **First Language** |  |  |  |  |
| **School/College/Early years provision** |  |  |  |  |
| **Unique Pupil No (UPN)** |  |  |  |  |
| **NHS No:** |  |  |  |  |
| **Disability** | Yes [ ]  No [ ]  *if ‘yes’, please specify* | Yes [ ]  No [ ]  *if ‘yes’, please specify* | Yes [ ]  No [ ]  *if ‘yes’, please specify* | Yes [ ]  No [ ]  *if ‘yes’, please specify* |