



**Darlington Children’s Services**

**Early Help Assessment**

This paperwork should be completed **with the family by a professional** and should ideally include a visit to the family home. The family should receive their own copy and agree with what has been written. This paperwork should also be shared with those who have Parental Responsibility where it is safe to do so.

**1. Child and Family Information**

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| --- | --- | --- | --- |
| Name of Child: |  | Gender (M/F): |  |
| Child’s address: |  |
| Telephone Number: |  |
| Postcode: |  | Date of birth/ expected birth date: |  |
| Does the child have a disability? **Yes** [ ]   **No** [ ]   | If **Yes** state the disability: |  |

**2. Child’s ethnicity and language**

|  |  |  |
| --- | --- | --- |
| White[ ]  White British[ ]  White Irish[ ]  Gypsy/Roma[ ]  Traveller [ ]  Any other White background | Black or Black British[ ]  African[ ]  Caribbean[ ]  Any other Black background | Asian or Asian British[ ]  Bangladeshi[ ]  Indian[ ]  Pakistani[ ]  Any other Asian background |
| Mixed/dual background[ ]  White and Asian[ ]  White and Black African[ ]  White and Black Caribbean[ ]  Any other mixed background | Chinese and other[ ]  Chinese[ ]  Any other ethnic group[ ]  Not given | ReligionFirst Language Is an interpreter required? **Yes** [ ]  **No** [ ]  |

**3. Family/ Household Members and Significant Others**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **DOB:** | **Relationship to the child:** ***(State if they have PR)*** | **Address:** | **Telephone Number:** |
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**4. Other services involved with the child are:**

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| --- | --- | --- |
| **Agency (e.g. name, address):** | **Named person & Role:** | **Telephone Number:** |
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**5. Details of Person Making referral.**

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| --- | --- |
| Name: |  |
| Role: |  |
| Agency: |  |
| Email Address: |  |
| Postal Address: |  | Post Code: |  |
| Telephone: |  | Date: |  |

**Has the referral been discussed with your agency Safeguarding Lead?**

**Yes** [ ]   **No** [ ]  **N/A** [ ]

 **6. Early Help Assessment Consent**

We need to collect information so that we can **understand** what help you may need.

We may need to **share** this information with other organisations e.g.: Health, training, schools etc. so that they can help us to support you.

If we share information with somebody, **we will ask you first**.

Your information will be confidential unless the law requires us to share it.

Your information will be stored and handled securely in accordance with the Data Protection Act 2018.

Your information may be used for auditing purposes only.

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| **Parent who has parental responsibility:**I have received an information leaflet and understand the complaints procedure. [ ] I have had the reasons for information sharing explained to me. [ ] I agree to the sharing of information between services involved in the family network meeting. [ ] I agree to the sharing of information for the Families Together Programme. [ ] I **do not** wish to have my information shared with: …………………………………………………………………….…………………………………………………………………….…………………Print Name: …………………………………… Signature: …………………………………… Date: ………………………………Print Name: …………………………………… Signature: …………………………………… Date: ……………………………… |
| **Child** (If age appropriate):I have received an information leaflet and understand the complaints procedure. [ ] I have had the reasons for information sharing explained to me and received an information sharing leaflet. [ ] I agree to the sharing of information between services involved in the Team around the Family (TAF). [ ] I agree to the sharing of information for the Families Together Programme. [ ] I **do not** wish to have my information shared with: …………………………………………………………………….…………………………………………………………………….……………………Print Name: …………………………………… Signature: …………………………………… Date: ……………………………Print Name: …………………………………… Signature: …………………………………… Date: …………………………… |
| **Author Details:**Print Name: …………………………………… Signature: …………………………………… Date: …………………………… |

**7. Requesting support from the Building Stronger Families Service**

[ ] I am requesting extra to achieve the following outcomes: **(See service request guidance)**

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**8. Assessment**

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| **Summarise what has led to this assessment of the Child/Young Person/Family***(History, previous involvement with services, etc.)* |
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| **How has the child/young person been involved in this assessment?**  |
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|  Is the child a young carer? [ ]  Yes [ ]  NoA young carer is someone under the age of 18 who helps to look after a parent/relative who has a disability, illness, mental health condition, or drug or alcohol problem. Contact Humankind to discuss. https://humankindcharity.org.uk/service/darlington-young-carers |

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| Is the child at risk of CSE (Child Sexual Exploitation)? [ ]  Yes [ ]  No[*External Agencies: Contact*](http://www.darlington.gov.uk/education-and-learning/local-safeguarding-children-board/children-and-young-people/sexual-exploitation/) *CIAT to discuss – 01325 406252. A CSE Matrix will need to be completed.*  |

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| **Child Development**Health, Education, Emotional & Behavioural, Identity, Relationships, Presentation, Abilities & Skills |
| **What are we worried about?**  | **What is working well?** | **What needs to happen?** |
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| **Family and Environment** Who’s Who, Community. Social Integration, Income, Employment, Housing, Family networking, Family History, Family functioning |
| **What are we worried about?**  | **What is working well?** | **What needs to happen?** |
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| **Parenting Capacity** Basic Care, Safety, Warmth and love, Stimulation, Guidance & Boundaries, Stability & Security |
| **What are we worried about?**  | **What is working well?** | **What needs to happen?** |
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| **Risk** Concerns & Strengths, Harm & Severity, Protection, Causal factors, Ability to change, Parental cooperation, Motivation, Impact on the child now, Anticipated future impact, Timelines |
| **What are we worried about?**  | **What is working well** | **What needs to happen?** |
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| **CHILD / YOUNG PERSONS VIEWS** in relation to the worries identified in the domains above. Include the voice of brothers and sisters. |
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| **PARENT/ CARER VIEWS** (Include both parents, stepparents etc.) |
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| **FAMILY AND FRIENDS NETWORK** |
| **Family member /friend’s name** (include family connection e.g.: Auntie) | **Address and telephone number** | **How will they help?** |
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| **ANALYSIS** |
| Family Strengths |  |
| Worry Statement |  |
| Complicating Factors |  |
| Analysis |  |
| Goals for success |  |

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| --- | --- |
| **First Family Network meeting date:** |  |

**9. Scaling question**



From the evidence and assessment, on a scale of 0 – 10 where would you place the safety of this child (ren) (O being unsafe – 10 being safe)

Score and Rationale:

**10. Vulnerability Score**

From the evidence and assessment, please rate the family’s vulnerability

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| --- |
| *Tick* |
|[ ]  Level 0 – Educational attendance (Legal)  |
|[ ]  Level 1 – Achieving expected outcomes |
|[ ]  Level 2 – Additional needs (single agency) |
|[ ]  Level 3 – Multiple needs (Multi agency) |
|[ ]  Level 4 – Edge of Care (Seek guidance) |
|[ ]  Level 5 – Acute needs including protection/safeguarding – step up to Statutory Services |

Please send this signed document to **childrensfrontdoor@darlington.gov.uk**

**Confidentiality Notice** – This information is shared in accordance with Darlington Safeguarding Partnership’s Information Sharing Protocol, if received in error please contact the referring organisation.