

This paperwork should be completed <u>with the family by a professional</u> 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

Name of Child:			Ge	ender (M/F):	
Child's address:					
Telephone Number:					
Postcode:		Date of birth/ expected bir	th date:		
Does the child have a disability?		If Yes state the disability:			
Yes 🗆 No 🗆					

2. Child's ethnicity and language

White	Black or Black British	Asian or Asian British
White British	African	🔲 Bangladeshi
White Irish	Caribbean	🔲 Indian
Gypsy/Roma	Any other Black background	Pakistani
Traveller		Any other Asian background
Any other White background		
Mixed/dual background	Chinese and other	Religion
White and Asian	Chinese	
White and Black African	Any other ethnic group	First Language
White and Black Caribbean	□ Not given	Is an interpreter required? Yes 🗌 No
Any other mixed background		

3. Family/ Household Members and Significant Others

Name:	DOB:	Relationship to the child: (State if they have PR)	Address:	Telephone Number:

4. Other services involved with the child are:

Agency (e.g. name, address):	Named person & Role:	Telephone Number:

5. Details of Person Making referral.

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.

Parent who has parental responsibility I have received an information leaflet and I have had the reasons for information shar I agree to the sharing of information betwe I agree to the sharing of information for the I do not wish to have my information share	understand the complaints procedure. ring explained to me. een services involved in the family netwo e Families Together Programme.	
Print Name:	Signature:	Date:
Print Name:	Signature:	
Child (If age appropriate): I have received an information leaflet and a I have had the reasons for information shar I agree to the sharing of information betwee I agree to the sharing of information for the I do not wish to have my information share	ring explained to me and received an internet een services involved in the Team aroun e Families Together Programme.	formation sharing leaflet. \Box
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)

Refer to the information sheet which shows what services are available from Darlington Borough Council.

8. Assessment

Summarise what has led to this assessment of the Child/Young Person/Family

(History, previous involvement with services, etc.)

What has happened to lead you to identify the family need an EHA?

What support have the family already had?

Have they been involved with social services/EHA previously?

How has the child/young person been involved in this assessment?

Have they asked for help themselves? Have they been included in the discussion leading to the initiation of the EHA? Were they involved in the discussion with family to complete the assessment?

Have any tools been used to gather voice of child? E.g., pictures, Three houses or Wizard/Fairy. If so, include a copy with the documentation.

Is the child a young carer?

Yes
No

A 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. <u>https://humankindcharity.org.uk/service/darlington-young-carers</u>

Child Development Health, Education, Emotional & Behavioural, Identity, Relationships, Presentation, Abilities & Skills What are we worried about? What is working well? What needs to happen? Past harm and future danger: Strengths and protection: What does the school professional need to do? What does the health professional need to do? What does the health professional need to do?

What has happened? Where is the concern?	What do you like best about the child? What are their best attributes?	What does the allocated worker need to do?
What words would you use to talk to the family about the problem so that they would understand what you are worried about (use the family's language)	What is the existing safety? Has there ever been a time when danger is present, and somebody has kept child safe? (Attendance and compliance do not always indicate safety)	(This is not planning but information gathering i.e. What information do you need to find out?)
	Has there ever been a time when this problem has been better?	

What are we worried about?	What is working well?	What needs to happen?
Past harm and future danger:	Strengths and protection: Who are the people who care	What do the family need to do? What does the family network need to do?
What has happened? Where is the concern?	the most about this young person? (Genogram building)	What does the allocated worker need to do?
What words would you use to talk to the family about the problem so that they would understand what you are worried about (use the family's language)	Who is in this family who can support? Who do they turn to in times of crisis? Invite them in the family meetings and include them in the family plan.	(This is not planning but information gathering i.e. What information do you need to find out?)
	What would the parent say are the best things in the young person's life? What would the child say are the best things in their life?	
	What is the existing safety? Has there ever been a time when danger is present, and somebody has kept child safe? (Note: Attendance and compliance do not always indicate safety)	
	Has there ever been a time when this problem has been better?	

What are we worried about?	What is working well?	What needs to happen?
Past harm and future danger:	Strengths and protection:	What do the family need to do? What does the family network need to
What has happened? Where is the concern?	Who would the child say is most important in their life (include bad influences)	do? What does the allocated worker need to do?
What words would you use to talk to the family about the problem so that they would understand what you are worried about (use the family's language)	What is the existing safety? Has there ever been a time when danger is present, and somebody has kept child safe? (Attendance and compliance do not always indicate safety)	(This is not planning but information gathering i.e. What information do you need to find out?)
	Has there ever been a time when this problem has been better?	

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?
Past harm and future	Strengths and protection:	What do the family need to do?
danger:		What does the family network need to
	What are people doing about	do?
What has happened? Where is the concern?	the harm? Who is helping?	What does the allocated worker need to do?
What has been the past harm? What is the potential future harm?	What is the existing safety? Has there ever been a time when danger is present, and	(This is not planning but information gathering i.e. What information do you need to find out?)
narm?	somebody has kept child safe? (Note: Attendance and	
What words would you use to talk to the family about the problem so that they	compliance do not always indicate safety)	
would understand what you are worried about (use the family's language)	Has there ever been a time when this problem been better?	

CHILD / YOUNG PERSONS VIEWS in relation to the worries identified in the domains above. Include the voice of brothers and sisters. The voice of children must be recorded and considered no matter what their age or ability to communicate directly. This can be done by: • Direct engagement. • Observation. (How they interact with others and changes in appearance/behaviour/attendance/academic achievement are relevant) • Discussion with parents, family members, carers, or other agencies. Analysis of information held to consider what the impact might be on the child. You should be able to see what their life is like through their eyes and understand how the child is feeling about the issues identified on this assessment. No child is too young to have a voice. Involve the child regardless of age. Creative methods can be used to involve the child or young person, meeting their learning and development needs, and their preferences. Involving the child or young person is a continual process that needs reviewing as the child changes and develops. The child or young person shouldn't have to tell their story repeatedly. How do they feel about the concerns above? What do they want to change? What are their priorities? Voice of brothers and sisters should also be gathered as they are also likely to be affected. Voice of child should be updated/gathered along the journey from start to closure and clearly recorded on your own case recording systems and family plans. PARENT/ CARER VIEWS (Include both parents, stepparents etc.) See what their life is like through their eyes. Don't forget to include the views of parents who no longer live in the family home. Don't forget to include the views of those who may support with caring for the children e.g.: grandparents etc. Voice of parents/carers should be updated/gathered along the journey from start to closure and clearly recorded on your own case recording systems and family plans. FAMILY AND FRIENDS NETWORK Family member /friend's Address and telephone How will they help? name (include family number

connection e.g.: Auntie) Family and friends' who can be invited to the family

meetings and be given actions to support the family	

	ete this at the initial family network meeting but don't forget to ion and say this is your intent on your initial submission)
Family Strengths	What are the family already doing well to address the difficulties identified?
Worry Statement	 What could happen to this child if nothing changes? Focus on specific observable behaviours rather than jargon, labels or diagnostic descriptors To create this statement, you can ask other professionals and include research. A danger statement tells us who is worried, what behaviour they are worried about (present and future) and how this will impact on the child. This can include research to inform our worries. Example of a worry statement: Building Stronger families and School are worried that James struggles to manage his feelings and when he feels upset and hits out at his teachers and classmates. They are worried that if this keeps happening, James could hurt someone or be permanently excluded from school. James would miss school and not get the good grades he is capable of. James could get a criminal record which may make it difficult to get a job when he is older
Complicating Factors	Is there anything happening that can make the life of the child or the family harder to deal with? (Mental health issues, disability, illness, drug, and alcohol addictions etc.) Example of a complicating factor: James's mother Grace struggles with her mental health which makes it more difficult for her to manage his behaviour at home as her resilience is low.
Analysis	Without support what could the potential impact be for the family if they do not access support? Why is this Early help Assessment so important?
Goals for success	 What do you want to see happen before you are happy to close? Goals must be measurable, specific, and attainable. Consider timelines Start positive, include the concerns, and follow up with what needs to happen. (A safety goal is required for every danger statement) Example of a safety goal: Early Help and School are pleased to see James taking time out of lesson when he feels his anger is getting out of control instead of lashing out physically at others.

James will continue to work with the Building stronger families service to learn more about his anger and other strategies he can use on a day-to-day basis so that he does not disrupt the lesson or miss out on any of the class work.

First Family Network	To take place within the next 15 working days
meeting date:	

9. Scaling question

0	1	2	3	4	5	6	7	8	9	10
	1		1	1	1	1	1	1	1	1

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: List each score:

- What score do the family give and provide reasons. What makes it the score it is? What do you see now? What do you need to see to be happy to close?
- What score do you give as the lead professional and provide reasons? What makes it the score it is? What do you see now? What do you need to see to be happy to close?
- What score do the professionals give and provide reasons. What makes it the score it is? What do you see now? What do you need to see to be happy to close? list each score:

Score 1-2: Immediate safeguarding – Call the police or the front door (Step up may be required).
Score 3-7: Multi agency Early Help support is required.
8-9: Single agency involvement is needed. To close the EHA
10: No concerns whatsoever. To close the EHA

10. Vulnerability Score

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

- 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.