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| **Section A – The Child** | | | | | | |
| **Surname:** |  | | | **Forenames:** |  | |
| **Date of Birth / Estimated Date of Delivery:** |  | | | **Gender:** | Male  Female | Unknown  Unborn |
| **Address:** |  | | | | | |
| **Telephone Numbers:** |  | | | **NHS Number:** |  | |
|  | **GP Surgery:** |  | |
|  | **UPS Number:** |  | |
|  | **Mother’s NHS Number if known:** |  | |
| **Child / young person’s ethnicity:**  White British  White Irish  White any other background  Caribbean  African  Any other Black background  White and Black Caribbean | | | | White and Black African  Any other mixed background  Indian  Pakistani  Bangladeshi  Any other Asian background  Chinese  Any other Ethnic group | | |
| **Child’s first language or preferred means of communication:** | |  | | **Is an interpreter or signer required?** | Yes | No |
| Details: | |
| **Child’s Religion:** | |  | | **Nationality:** |  | |
| **Immigration Status:** | |  | | | | |
| **Is the child disabled?** | | No | Yes | Details: | | |
| **Is there a self-harm or suicidal behaviour concern?** | | No | Yes | Details: | | |
| **Is there a Child Exploitation concern?** | | No | Yes | Details: | | |
| **Is the child privately fostered?** | | No | Yes |  | | |
| **Is the child adopted** | | No | Yes |  | | |

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| **Section B – People in the family/household who are important to the child**  *Explore who is important to the family; who cares about them and helps them in their day to day life. Completing a genogram, family tree or circles of support together is a good way to capture this information.* | | | | | | |
| **Relationship to child in Sec A** | **Forename** | **Surname** | **Date of Birth** | **Parental Responsibility?** | **Address** | **Contact Number** |
|  |  |  |  | Yes |  |  |
|  |  |  |  | Yes |  |  |
|  |  |  |  | Yes |  |  |
|  |  |  |  | Yes |  |  |
|  |  |  |  | Yes |  |  |
|  |  |  |  | Yes |  |  |

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| **Section C – Services working with the family** | | | | |
| **Role** | **Full Name** | **Telephone** | **E-mail Address** | **Address and Postcode** |
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| **Section D – Reason for assessment** | | | | | | | | | | |
| ***Please give as much concise and evidence-based information as possible. When using the assessment to refer to Children & Families this information must be reviewed with the family and reflect the current situation.*** | | | | | | | | | | |
| **What is going well for the child and their family?**  (What support is currently in place?)  *Please separate the information into* ***Existing Strengths*** *and* ***Existing Wellbeing.***  ***Strengths*** *are good things that are happening in the family for the child/young person.*  ***Existing Wellbeing*** *is times when the family has shown they can meet the child’s needs when the problem is happening. This can also include other people who are helping.* | | | |  | | | | | | |
| **What are you worried about?**  (Reason for EH Assessment)  *Please separate the information into* ***Worries*** *and* ***Complicating******Factors****.*  *In the* ***worries*** *– say what has happened in the past that worries us about the child or young person and their family. Be specific and factual – give examples. Say what impact this is having or could have on the child/young person and their family.*  ***Complicating Factors*** *are anything that makes the problem harder to deal with.* | | | |  | | | | | | |
| **What needs to change or would help this child and their family?**  *Say what the next steps are to start to build the plan and make sure the child is safe and well. This might include getting some people together who can support the family and be part of their network.* | | | |  | | | | | | |
| **Scaling – Having discussed what life is like for the child right now, how worried are we?** | | | | | | | | | | |
| **1** | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | **9** | **10** |
| **Extremely worried** | | | | | **No worries** | | | | | |
| **What are the child/young person’s views?**  *What does the child/young person feel is good about their life, what are they worried about and what do they want to happen? You may want to summarise what the child has put in their three houses.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **What are the parent/carer’s views?**  *What does the parent/carer feel is good about their child’s life, what are they worried about and what do they want to happen?* | | | | | | | | | | |
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| **Section E – Next Steps**  **What needs to happen next to make things better and move towards the goals?** | | | | |
| **What needs to happen?**  **What do the child and family think should happen?** | **Action** | **Who will do this?** | **By when?** | **How will we know it has made a difference?** |
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| **When and how are we going to review this assessment (date and time of the Team Around a Family [TAF] meeting if applicable?** | | | | |
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| **Does the child or family have any further comments on the assessment and plan?** | | | | |
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| **Section F – Author’s details** | | | |
| **Name of author:** |  | **Role:** |  |
| **Agency:** |  | **Agency Address:** |  |
| **Contact number:** |  | **E-mail:** |  |
| **Date of completion:** |  | | |
| **Other:** | *Any other relevant information to note:* | | |

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| **Section G – For use only in the event that this assessment becomes a referral to Children and Families Service and requires submission to the Multi-Agency Screening Team (MAST). Completed assessments are submitted to** [**social.care@northyorks.gov.uk**](mailto:social.care@northyorks.gov.uk)  If using this assessment to refer to C&F services all information contained in the assessment must be up to date (reviewed in the last 2 weeks with the child and their family). If a practitioner believes as a child is at risk of significant harm they have a duty to make a referral. The referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence. For all other Early Help Assessment referrals consent should always be sought from an adult with parental responsibility for the child (or from the child themselves if they are competent) before submitting an Early Help Assessment to MAST. | | | |
| **Why does the family require intervention from Children & Families Service?** |  | | |
| **How has consent been obtained?** | Verbal | Not obtained  Reason: | Date consent obtained: |
| Written |
| **Have you informed the parent/carer about the reason for the referral?** | Yes  No | If yes, what is the Parent/Carer/Child’s view of the referral: | |
| **Who has consent been obtained from?** | Parent | Person with parental responsibility | Child themselves |
| **Date of referral agreement with Early Help Consultant.** |  | | |
| **Name of Early Help Consultant:** |  | | |