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| --- | --- | --- |
| Family Name |  | Date: |
| Family Address:  Postcode |  | |
| Telephone number/s: |  | |
| Email address: |  | |

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| --- | --- | --- | --- |
| **Please add below the names of the children the EHA relates to** this can be all or any child or unborn in the family | | | |
| Name |  | | ☐ Male ☐ Female  ☐ Indeterminate |
| DOB |  | EDD |  |
| Disability |  | Language |  |
| Name |  | | ☐ Male ☐ Female  ☐ Indeterminate |
| DOB |  | EDD |  |
| Disability |  | Language |  |
| Name |  | | ☐ Male ☐ Female  ☐ Indeterminate |
| DOB |  | EDD |  |
| Disability |  | Language |  |
| Name |  | | ☐ Male ☐ Female  ☐ Indeterminate |
| DOB |  | EDD |  |
| Disability |  | Language |  |

**Supporting families criteria met (please tick all that apply):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Crime / ASB |  | Domestic Abuse |  | Child / Family needs help |  |
| Education |  | Health |  | Other (i.e. 2 year funded offer) |  |
| Financial / Exclusion Needs |  | Young Carer |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consent obtained | **Yes** | **No** | Parents / Carers  Signature |  |
| Date EHA started |  | | Date Completed |  |

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| Is there anybody with whom you do **not consent** to sharing this information with?  (Professionals or family members. Please give consideration to families with complex relationships)  If yes, please give details below? |  |
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| **Current situation and reason for Early Help Assessment** including views of child/young person and parents/carers and identify young carers |
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| --- | --- | --- | --- |
| **Family / Household Composition** | | | |
| Name | Relationship | DOB | Address |
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| **Services involved with family**  or significant previous involvement with services e.g. Health Visitor, School Nurse, Youth Services, LIST, Social Care, Children’s Centres, Dentist etc. | | | |
| **Service** | **Name** | **Contact details** | **Spoken to as part of**  **Assessment?** |
| GP |  |  | ☐**Yes** ☐ **No** |
| School |  |  | ☐ **Yes** ☐ **No** |
|  |  |  | ☐ **Yes** ☐ **No** |
|  |  |  | ☐ **Yes** ☐ **No** |

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| **Child / young person / unborn baby’s developmental needs** please give details including current strengths and current needs |
| All children change and develop over time. Parents have a responsibility to respond appropriately to the child’s needs. The purpose of this section is to identify areas of strength and areas of developmental need, in order for resources to be allocated appropriately to ensure the optimum development of this particular child/young person. (If this EHA is for more than one child, please specify which child you are writing about in each box). |
| **Health** |
| **Education** |
| **Emotional & Behavioural development** |
| **Identity and social presentation** |
| **Family and social relationships** |

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| **Identify the strengths / needs of each parent in each area of parenting** |
| **Basic care/Ensuring safety** |
| **Emotional warmth/stimulation/stability** |
| **Guidance and Boundaries** |

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| **Explore and understand the family history and how it may have impacted on the child / young person / unborn and family**  provide details of history and current situation |
| **Family history and functioning** |
| **Social resources** (wider family / community resource / social integration) |
| **Housing** |
| **Employment / income** include information concerning financial difficulties |

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| **Consideration of Safety and Strengths** |
| **What are the strengths, needs, challenges and concerns for this family?**  Include protection, parental cooperation, and motivation to change and the impact on child now. Include the family/young  person’s views. |

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| --- | --- | --- | --- |
| **Immediate Action Plan**  Include in this section the immediate actions required to meet the needs of this family, including details of actions relating to individual family members, before a Team Around the Family meeting | | | |
| **Immediate Action** | **Family Member to**  **whom this relates** | **Who will do this?** | **By When?** |
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| **Mandatory Actions**  **Please Note**: Good practice would be a minimum every three months. It can be sooner depending on the needs of the family. | | |
| **Action** | **Who will do this?** | **Target Date** |
| Set up ‘Team Around the Family’ | EHA Author |  |
| Identify Lead Professional | Multi Agency Meeting |  |
| Complete Action Plan | Multi Agency Meeting/Lead professional |  |
| Set Date for Review | Lead Professional |  |

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| --- | --- |
| **Completed by** | |
| Name of person |  |
| Role |  |
| Date |  |

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| **Practitioner’s Name and Agency / Contact Details** |
|  |

The Early Help Assessment has been designed to support children and young people who need some extra help. It is a way of assessing your needs to be able to decide what help is needed and who could provide services to help. The Early Help Assessment cannot be completed without your informed consent. This means that you give your permission for your personal information to be shared with certain people and that you understand:-

* Why this information will be shared
* Who it will be shared with
* What it will be used for
* How the information will be stored, and that it will be stored confidentially

You need to give consent to share your personal information so that agencies and services understand your situation, what help you need and can decide how to help and support you. We may share your information to help improve the services your family receive through this process. However the Early Help Assessment will only be shared with the people who need to see it. In order to record that an Early Help Assessment has been completed – so people working with you don’t need to ask you for the same information again – your basic details will be recorded on a central computer database which records that an Early Help Assessment has been done, by whom and who else is working with you to provide support.

You have the right to choose who can share your personal information and whether it is recorded on the central database, so we need to seek your consent to do this in order to put the support in place that you need. You have the right to withdraw your consent at any time by completing a consent withdrawal form. You should be involved in completing the Early Help Assessment and any actions agreed at all times; you will have to sign the Early Help Assessment to give consent after the assessment and you will get a copy of the Early Help Assessment to keep. If your family is considered for support through a Northumberland Supporting Families Partnership service, that your family members’ personal information (name, address, date of birth and identification numbers, if held) might be shared with the Department for Communities and Local Government for research purposes only. The Office of National Statistics will process and anonymise all information securely. Further information, a leaflet and an opt out process is available via the Privacy Notice option at the bottom of the [www.northumberland.gov.uk](http://www.northumberland.gov.uk) website.

If you want to see the information held about you on the Early help Assessment database at any time, please refer to the Data Protection link on the Northumberland County Council website, e-mail [ITsecurity@northumberland.gov.uk](mailto:ITsecurity@northumberland.gov.uk) or contact IT Security on (01670) 623274.

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| **I consent to a copy of this document being audited by Children's Services or their partner agencies for quality assurance purposes. I understand that the document will be destroyed by the auditor once the process is completed.** |
| Signature: Date: |

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| --- | --- |
| **I understand and give my permission for my/my child’s personal details to be held on the central Early Help Assessment database. I consent to an EHA being started:** | □ Yes  □ No |
| Signature: Date:  **Nature of relationship to child:** I am the Child / Young Person / Parent / Carer  *(Delete as applicable)* | |