**Young Person’s Led Early Help Assessment**

**This Version has been designed and adapted, involving young people. It should be used where young people have sufficient understanding to give consent to the assessment and want to take an active part in completing it.**

**With thanks to P2i staff for facilitating this work.**

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| **Somerset Early Help Assessment (EHA) including the multi-agency request for involvement form** |
| **Early Help is everyone’s responsibility** |

When a child, young person or family is in need of support it is important to identify the best way forward at the earliest opportunity. The Somerset Early Help Assessment helps children, their family and practitioners working with them to clearly record their current situation, strengths and needs, followed by a plan which will help the family to improve their lives. **You can contact the EHA Coordinator on 01823 355803 to find out if an EHA is already open for a child/young person.**

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| **When the EHA is completed, and with the informed agreement of family members concerned, please send the assessment document to the EHA Team. If you require any support or guidance completing this form please refer to the EHA Practitioner Guidance (**[**www.professionalchoices.org.uk**](http://www.professionalchoices.org.uk)**) or contact the Early Help Advice Hub on 01823 355803.** |

**1. Initial Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s/Young Person’s first name |  | Child’s/Young Person’s surname |  | Date of birth  |  |
| Address including postcode, contact number & email  |  | National Insurance number (if over 16) |  |

1. **Person undertaking this assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Date EHA started |  | Date EHA was last reviewed (date of last TAC meeting) |  |
| Name of practitioner |  |
| Job title |  |
| Organisation/Team |  |
| Address including postcode |  |
| Email address |  | Phone number |  |

1. **Personal data: Consent to the completion of an Early Help Assessment**

|  |
| --- |
| I,**[professional name and role]** have discussed the information with the young person**[name or delete if not discussed]** on**[date and time]** at **[location of discussion],** and I confirm that they have agreed to Early Help Assessment processing of their personal data as set out below. |
| I, **[professional name and role]** have identified a Tier 4 Safeguarding issue. I have assessed that it would place the child[ren]/young person at risk of significant harm if I shared my concerns with parents/parental responsibility holder prior to a referral to Somerset Direct and have therefore not sought their agreement to refer. **If your request is for Children’s Social Care please call 0300 123 2224 and then send this EHA to** **SDInputters@somerset.gov.uk** |

**Purpose:** We will process personal information about you and your family in order to offer you appropriate help and support services.

**Data:** The personal data we will process is that which is provided to complete this form, and is the minimum required for the purpose described above.

**Data Controller:** The primary data controller for the information on this form is Somerset County Council (SCC).

**Use:** We will use your information to identify the most appropriate services to help and support your family; to monitor and report on progress of our work; and to fulfil our statutory obligations and statutory returns as set by the law.

**Sharing:** The support we identify as most helpful to you may be best provided by professionals from a range of our partner organisations (including education and health). Where necessary, your personal information may be shared with them in order to allow them to offer such support service(s) to you.

**Processing**: SCC processes and shares personal data in accordance with the data protection principles, as set down in the Data Protection Act 1998 (DPA) and SCC’s Data Protection Registration with the Information Commissioner’s Office. For further information see <https://ico.org.uk/ESDWebPages/Entry/Z5957592>

**Your rights and contacts:** You have the right to access and request a copy of the information we hold about you. For more information please see <http://www.somerset.gov.uk/information-and-statistics/data-protection/data-protection-act/>, or contact informationgovernance@somerset.gov.uk. We make every effort to keep your personal data accurate. Please tell us of any changes in your circumstances so that we can update our records. If you find that the personal data that we hold is no longer accurate, you have the right to have this corrected. Please contact the service holding the personal data or our Customer Services Centre. If you would like further information, or if you have a concern about how your personal data is being used, please contact informationgovernance@somerset.gov.uk

1. **Children and young people in your family**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Child/Young Person 1** | **Child/Young Person 2** | **Child/Young Person 3** | **Child/Young Person 4** | **Child/Young Person 5** |
| **a. Is this child/young person included in this assessment**  |  |  |  |  |  |
| **b. First Name** |  |  |  |  |  |
| **c. Surname** |  |  |  |  |  |
| **d. What do you / they like to be called?** |  |  |  |  |  |
| **e. Date of birth or expected date of delivery (DD/MM/YYYY) including current weeks of gestation** |  |  |  |  |  |
| **f. Gender** |  |  |  |  |  |
| **g. Address including Postcode** |  |  |  |  |  |
| **h. Ethnicity** |  |  |  |  |  |
| **i. Do you / they have any language or communication needs? (i.e. need an interpreter?)** |  |  |  |  |  |
| **j. Name of early years provider, school or college you / this person attends (year group)** |  |  |  |  |  |
| **k. Does you / this young person look after/care for anyone else in the family home?** | *Yes* |[ ]  *Yes* |[ ]  *Yes* |[ ]  *Yes* |[ ]  *Yes* |[ ]
|  | No |[ ]  No |[ ]  No |[ ]  No |[ ]  No |[ ]
|  | Don’t Know |[ ]  Don’t Know |[ ]  Don’t Know |[ ]  Don’t Know |[ ]  Don’t Know |[ ]
|  | Briefly explain the impact on the child/young person of caring for someone else in the family home; |
|  | **Child/Young Person 1** | **Child/Young Person 2** | **Child/Young Person 3** | **Child/Young Person 4** | **Child/Young Person 5** |
| **l. Do you / this person have a disability or an additional need?**  | Yes |[ ]  Yes |[ ]  Yes |[ ]  Yes |  | Yes |[ ]
|  | No |[ ]  No |[ ]  No |[ ]  No |  | No |[ ]
|  | Don’t Know |[ ]  Don’t Know |[ ]  Don’t know |[ ]  Don’t Know |  | Don’t know |[ ]
|  | Briefly explain the impact on you / this person of having a disability or additional need: |
| **m. Do you / this person have a Special Educational Need? If so, what level of support do they receive? (please tick relevant box)Education, Health and Care (EHC) Plan**  | SEN support | [ ]  | SEN support |[ ]  SEN support |[ ]  SEN support |[ ]  SEN support |[ ]
|  | Higher needs Funded (what type) |[ ]  Higher needs Funded (what type) |[ ]  Higher needs Funded (what type) |[ ]  Higher needs Funded (what type) |[ ]  Higher needs Funded (what type) |[ ]
|  | Statement or EHC Plan |[ ]  Statement or EHC Plan |[ ]  Statement or EHC Plan |[ ]  Statement or EHC Plan |[ ]  Statement or EHC Plan |[ ]

**5. Adults in your home and adults who do not live with you but are important to them**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Adult 1** | **Adult 2** | **Adult 3** | **Adult 4** | **Adult 5** |
| **a. First name** |  |  |  |  |  |
| **b. Surname** |  |  |  |  |  |
| **c. Also known as** |  |  |  |  |  |
| **d. Date of birth (DD/MM/YYYY) if known** |  |  |  |  |  |
| **e. Gender**  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Adult 1** | **Adult 2** | **Adult 3** | **Adult 4** | **Adult 5** |
| **f. Relationship to you / each person in Section 4** |  |  |  |  |  |
| **g. Address including Postcode****(if known and different from home address)** |  |  |  |  |  |
| **h. Contact number (s) including area code (if known)** |  |  |  |  |  |
| 1. **Ethnicity**
 |  |  |  |  |  |
| **j. Do they have any Language or communication needs? (i.e. do you need an interpreter?)**  |  |  |  |  |  |
| **k. Does the Adult have a disability or additional need?** | Yes  |[ ]  Yes |[ ]  Yes |[ ]  Yes |[ ]  Yes |[ ]
|  | No |[ ]  No |[ ]  No |[ ]  No |[ ]  No |[ ]
|  | Don’t know |[ ]  Don’t know |[ ]  Don’t know |[ ]  Don’t know |[ ]  Don’t know |[ ]
|  | How does this affect their relationship with or ability to look after the child/young person? |
| **l. Parental Responsibility** **An explanation of parental responsibility can be found here:** [**https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility**](https://www.gov.uk/parental-rights-responsibilities/what-is-parental-responsibility) | Yes |[ ]  Yes |[ ]  Yes |[ ]  yes |[ ]  Yes |[ ]
|  | Young Person: | Young Person: | Young Person: | Young Person: | Young person: |
|  | No |[ ]  No |[ ]  No |[ ]  No |[ ]  No |[ ]
|  | Don’t know |[ ]  Don’t know |[ ]  Don’t know |[ ]  Don’t know |[ ]  Don’t know |[ ]

**6. Who is helping / working with your family at the moment? (including family, friends, professionals and any other person who is involved with your family)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a.1 Practitioners Name**  | **a.2 Job title and organisation (If applicable)** | **a.3 Contact details (email/contact number)** | **a.4 Family member this relates to?** | **a.5 Contributed to assessment?** |
|       |       |       |       | Yes |[ ]
|  |  |  |  | No |[ ]
|       |       |       |       | Yes |[ ]
|  |  |  |  | No |[ ]
|       |       |       |       | Yes |[ ]
|  |  |  |  | No |[ ]
|       |       |       |       | Yes |[ ]
|  |  |  |  | No |[ ]
|       |       |       |       | Yes |[ ]
|  |  |  |  | No |[ ]
|       |       |       |       | Yes |[ ]
|  |  |  |  | No |[ ]
| **b. What formal/informal support have you or your family received in the past? Who provided this and when? What did the support involve and did it help to improve outcomes for you and your family?** |
|  |

**7. Assessment**

|  |
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| **a. What is important to you?**  |
|  |
| **b. What do you like about your life; what is working well; and, what needs to change?** |
|  |
| **c. What do the adults listed in section 5 say is working well; and what needs to change?** |
|  |
| **d. What is your current support network (include friends, family, people you know in your community and workers)?** |
|  |
| **e. What can you manage yourself and what do you need support with?** |
|  |
| **f. This is what I would like to achieve and I think the following tasks and people could help (include friends, family, other significant people in your community and workers)?** |
|  |
| **g. If these needs are not met, what may happen? What will the impact of this be on you and your family (what are you worried about?) Please include here what the professional’s views are** |
|  |
| **h. Is there anything else you think would be helpful for us to know?** |
|  |
| **Questions i and j to be completed by the requester / worker completing the assessment.** |
| **i. What level of need do you now feel this family has according to the** [**Effective Support for Children and Families in Somerset –for Assessment and Services**](http://www.somerset.gov.uk/sscbthresholds) **guidance? Why?** **This should be completed by the professional working with this young person.** |
| **1** |[ ]  **2** |[ ]  **3** |[ ]  **4** |[ ]
| Briefly explain, referring to the indicators of need tables which start on page 16 of the [**Effective Support for Children and Families in Somerset document**](http://www.somerset.gov.uk/sscbthresholds), the reason for your judgement; |

|  |  |
| --- | --- |
| **j. Expected date of the first Team Around the Child/ Young Person (TAC) Meeting (call a TAC meeting to agree who will do what, this should be done ASAP and within a maximum of 4 weeks of the date of this EHA), or if not required the next follow up meeting with the young person / child and their family, please include the time and venue)** |  |

**8. Summary of need** (to be completed by the practitioner and submitted with this Early Help Assessment when the assessment has been completed and when the assessment is at closure.

|  |
| --- |
| **Presenting Needs (from the Early Help Assessment carried out):***Please tick* ***all*** *presenting needs identified through this assessment (S) - Please tick box C if the need remains unmet at closure.* |
|  | **S** | **C** |  | **S** | **C** |  | **S** | **C** |  | **S** | **C** |
| Not registered with a GP |[ ] [ ]  Not registered with a Dentist |[ ] [ ]  Missed health appointments |[ ] [ ]  Missed immunisations |[ ] [ ]
| Adult/child referred with obesity or malnutrition |[ ] [ ]  Concerns for the child’s physical health / development |[ ] [ ]  Concerns for the adult’s physical health  |[ ] [ ]  Child has mental / emotional health issues |[ ] [ ]
| Adult has mental / emotional health issues |[ ] [ ]  Child/Young Person has a disability or additional needs  |[ ] [ ]  Adult has a disability or learning need |[ ] [ ]  Self-harm |[ ] [ ]
| Child has Substance / Alcohol misuse |[ ] [ ]  Adult has Substance / Alcohol Misuse |[ ] [ ]  Child Sexual Exploitation (CSE) concerns |[ ] [ ]  Child Abuse, Physical[ ] Sexual[ ] Emotional[ ] Neglect[ ]  |[ ] [ ]
| Teenage Pregnancy (under 18) |[ ] [ ]  Child in Pupil Referral Unit or alternative education provision |[ ] [ ]  The young person is not in Education, Employment or Training (NEET) |[ ] [ ]  Pupil is not on a school roll |[ ] [ ]
| Elective Home Educated child |[ ] [ ]  Not taking up Early Years Entitlement |[ ] [ ]  School/Early Years attendance Issues |[ ] [ ]  Adult frequently out of work |[ ] [ ]
| Housing / Rent issues |[ ] [ ]  Homelessness concern |[ ] [ ]  Economic disadvantage |[ ] [ ]  At risk of social isolation |[ ] [ ]
| Prevent/Radicalisation concerns for child/adult |[ ] [ ]  Adults or children committing anti-social behaviour or crime |[ ] [ ]  A parent recently released from prison |[ ] [ ]  A parent in prison |[ ] [ ]
| Gang member |[ ] [ ]  Victim of Bullying |[ ] [ ]  Domestic Abuse |[ ] [ ]  Young Carer |[ ] [ ]
| Child demonstrates sexualised behaviour |[ ] [ ]  Child’s challenging behaviour |[ ] [ ]  Difficulty parenting |[ ] [ ]  Debt / Money Management |[ ] [ ]
| **Please tick as appropriate below: (This must be completed)** |
| Is Child Sexual Exploitation (CSE) a concern? | Yes |[ ]  No |[ ]
| If yes, has the [CSE Screening Tool](http://sscb.safeguardingsomerset.org.uk/protocols-procedures-and-reviews/cse-protocols/) been completed? (please attach) | Yes  | [ ]  | No | [ ]  |

**9. Consent to request support from other organisations**

This is consent to make a request of support to another organisations. It is the practitioner’s responsibility to ensure you email this EHA to the required service and the EHACoordinator@somerset.gov.uk the email address for the required service will appear below when you choose a service from the drop down menu.

|  |
| --- |
| I,**[professional name and role]** have discussed the completed Early Help Assessment with the young person**[name or delete if not discussed]** on**[date and time]** at**[location of discussion],** and I am confident that this is an accurate assessment of their needs.The**[young person]** has consented to a request of support to the following agencies and understands that these agencies may also share the information with additional relevant agencies. |
| **Is this a ‘step up’ request?**  | **Yes** [ ]  | **No** [ ]  | **Is this a ‘step down’ request** | **Yes** [ ]  | **No** [ ]  |
| **If you are making a tier 4 safeguarding request and have been unable to gain consent, or have assessed it unsafe to gain consent, please tick here.** |[ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Selection 1** | Choose an item. | **Name of child/young person this relates to** |  | Forwarded to service |[ ]
| **Selection 2** | Choose an item. | **Name of child/young person this relates to** |  | Forwarded to service |[ ]
| **Selection 3** | Choose an item. | **Name of child/young person this relates to** |  | Forwarded to service |[ ]
| **Selection 4** | Choose an item. | **Name of child/young person this relates to** |  | Forwarded to service |[ ]
| **Selection 5** | Choose an item. | **Name of child/young person this relates to** |  | Forwarded to service |[ ]

**10. Team Around the Child / Young Person (TAC) Meeting Record** - completed TAC paperwork is **no longer** required to be sent to the Early Help Assessment Coordinator.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Date of Team Around the Child / Young Person Meeting (TAC)**  | Click here to enter a date. | **Name of child/young person and Date of Birth DD/MM/YYYY** |  |
| **Lead Professional’s name and job role**  |  | **Lead Professional’s contact** **details** |  |
| **Name/role and contact details of attendees**  |  |

**11. TAC Review**

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|  **Significant events since the last TAC, including progress on TAC Action Plan.** |
|  |
| **What level of need do you as the TAC group feel this family has according to the** [**Effective Support for Children and Families in Somerset – Thresholds for Assessment and Services**](http://www.somerset.gov.uk/sscbthresholds) **and why?**  |
| **1** |[ ]  **2** |[ ]  **3** |[ ]  **4** |[ ]
| Briefly explain, referring to the indicators of need tables which start on page 16 of the [**Effective Support for Children and Families in Somerset document**](http://www.somerset.gov.uk/sscbthresholds), the reason for your judgement; |

**12. Early Help Assessment Action Plan (Complete with the child / young person and their family or at the first TAC and update at each TAC meeting)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **a.** **TAC meeting date (if applicable, or date of meeting with young person / child / family)** | **b. What is your specific goal/outcome?** | **c. What actions or support are required to achieve the outcome?** | **d. Who will do this?** | **e. Date this will be reviewed?**  | **f. Date action completed?** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **g. Date of our next Team Around the Child/Young Person (TAC) meeting if applicable, or meeting with the child, young person and or the family? (please include the time and venue)** |  |

|  |  |
| --- | --- |
| **13. Closure Summary –** Please complete this section when the EHA / TAC process has ended. Follow your agencies data storage and retention policies. | **Date of closure:**Click here to enter a date. |
| **Why has the EHA / TAC process been closed?****(Please select one, evidence must be provided)** | **Comments/Evidence** |
| **a. All needs have been met**(Evidence that all needs are met, this should be in the final TAC meeting notes). | **Y** |[ ]   |
|  | **N** |[ ]   |
| **b. Most needs are met and a single agency will continue to support. What still needs to happen? Who will remain involved?** | **Y** |[ ]   |
|  | **N** |[ ]   |
| **c. Step up to Level 3/4 services****When was this completed and by whom?** (Ensure the family is kept up to date and know who to contact until the new lead professional has been in touch with them). | **Y** |[ ]   |
|  | **N** |[ ]   |
| **d. Family are moving / have moved out of Somerset**(Agree with family if/how information will be shared with their new area and if support will continue. Follow ‘Early Help Cross Border Protocol’. Have you contacted the new area following the family’s agreement?) | **Y** |[ ]   |
|  | **N** |[ ]   |
| **e. Family / Young Person withdrew consent / disengaged****What has been done to encourage participation? What are the risks/concerns of the family disengaging? Are there any safeguarding concerns? Are any professionals still working with the family?** | **Y** |[ ]   |
|  | **N** |[ ]   |
| **f. Closed for another reason** (Please clearly state the reasons for closure.) | **Y** |[ ]   |
|  | **N** |[ ]   |
| **g. Needs at Closure: please tick** |
| **Decreased** | [ ]  | **Increased (Referral to other agency)** | [ ]  |
| **Stayed the same** | [ ]  | **Increased (CSC referral made)** | [ ]  |
| **h. What level of need do you as the practitioner feel this family meets according to the** [**Effective Support for Children and Families in Somerset – Thresholds for Assessment and Services**](http://www.somerset.gov.uk/sscbthresholds) **at point of closure?** |  |