

**Details – Child or Young Person**

**Signed:**

**Date:**

**The Agreement**

I am happy to participate in an early help assessment. I understand that the information I give will be used to help me plan things. I understand that my information will be stored safely as per the General Data Protection Regulation (GDPR).

I give my permission for this information to be shared with other professionals to assist me to plan what is needed. Any exceptions should be brought to the attention of the author of the assessment. I understand that should there be an immediate risk of harm; the practitioner will follow the Tameside Safeguarding reporting procedures.

As a practitioner, I agree to help you make plans to get things working well. This means I will do the following things;

* Help you to record what is working well and what could be better for your Family
* Speak to agencies and other professionals involved in your life. E.g. School, Health
* Organise a meeting called a ‘Team Around the Family Meeting’ if required
* Explore further support if needed
* Provide support from my agency

**Print Name:**

**Agency:**

**Contact Number:**

**Email:**

**Why do an Early Help Assessment?**

The Early Help Assessment is about having a good, quality conversation with a child, young person or family about different aspects of life such as home, work, school/college, social/community and health/well-being. The focus is on what’s working well and what can be done if things need to improve. These quality conversations need to happen as early as possible. Use this form to record the detail of your conversation and to help you to start a plan for the future. Once completed, please return to [ehaadvisors@tameside.gov.uk](mailto:ehaadvisors@tameside.gov.uk).

**Print Name:**

**Signed:**

**Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | **First Name** | |  | |
| **Address** |  | | | | | | |
| **Date of Birth** |  | **Ethnicity** |  | | **Disability/Diagnosis** | |  |
| **Gender** |  | | | | | | |
| **Is the child a young carer\*?** |  | **NHS No.** |  | | | | |
| **URN** |  | | | | |
| **Is the child on the pathway for a diagnosis?** | If Yes, what pathway and what stage? | | | | | | |
| **EHC Plan in place?** |  | | | | | | |
| **School Details** |  | | | | | | |
| **School Nurse details** |  | | | | | | |

**Details – Parents/Carers/Key Adults**

**Other People at this address – Overview of Family Household**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | **First name** | |  | |
| **Address (including postcode)** |  | | | | | |
| **Telephone number** |  | | | | | |
| **Date of Birth** |  | **Gender** |  | **Ethnicity** | |  |
| **Disability/Diagnosis** |  | | | | | |
| **Relationship to the child** |  | **Are you a carer\*** |  | **If so, who for?** | |  |
| **In employment/training?** |  | | | | | |
| **GP details** |  | | | | | |
| **Dentist details** |  | | | | | |

**Agencies/Professionals currently working with the family**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Surname** | | | **First Name** | **D.O.B.** | **Ethnicity** | | **Disability/**  **Diagnosis** | **Relationship to Child/Family** | |
| **1** |  | | |  |  |  | |  |  | | |
| **2** |  | | |  |  |  | |  |  | | |
| **3** |  | | |  |  |  | |  |  | | |
| **4** |  | | |  |  |  | |  |  | | |
|  | | | **Details of other parent/carer (not living at this address)** | | | | | | | | |
| **Name** | |  | | | | | | | | | |
| **Address** | |  | | | | | | | | | |
| **Other significant people connected to this family**  **who are important in providing a network of support:** | | | | | | |  | | | **\*Use extra sheets if required** | |

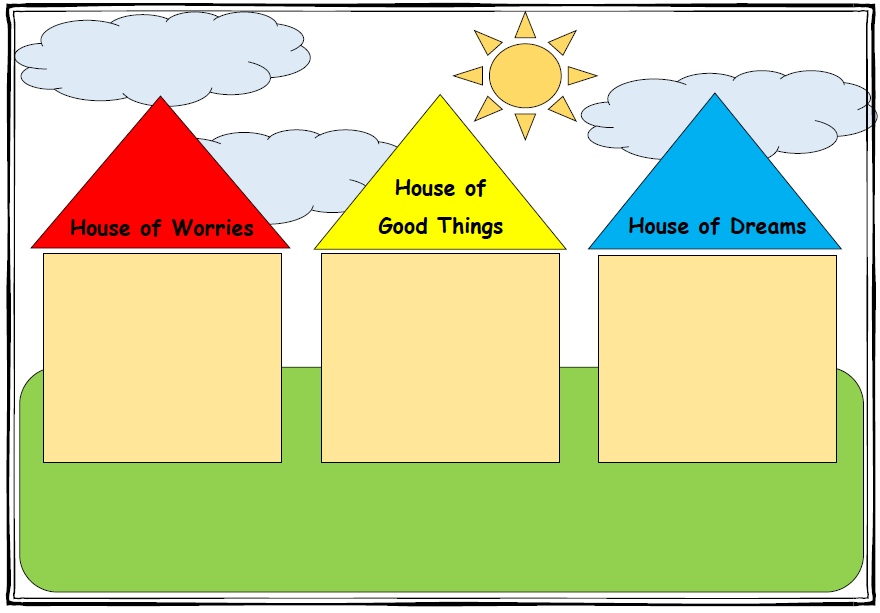
|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Agency** | **Worker name/Job Title** | **Contact Details** | **Family member being supported?** |
|  |  |  |  |
|  |  |  |  |

**Additional Information**

|  |  |  |
| --- | --- | --- |
| **Has a Tameside Neglect Screening Tool Been Completed?** | **Yes/No/Required** | ***If yes what actions have been identified?*** |
| **Has a Tameside Neglect Action Plan (TNAP) been completed?** | **Yes/No/Required** | ***If yes what actions have been identified?*** |
| **Under 5 – Children Centre Registration** | **Yes/No/Required** |  |
| **Eligible for Healthy Start Vouchers** | **Yes/No/Required** |  |
| **Child at risk of exploitation Toolkit been completed?** | **Yes/No/Required** | ***If yes what actions have been identified?*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **What could be better and why?**  Think about what’s important ***to*** you and your family  This is where we record your worries & our worries.  Everyone deserves to be happy: what could be better for you? | **What’s working well?**  This is where you record the good things!  What makes you happy?  Think about what is going well? What you’re good at?  Who is in your support network? | **Score**  **1 - 10** | **What needs to happen? The Plan.**  What need to be done to improve things for you?  This is where you record the steps you need to take to improve things detailing **who** is going to do **what tasks** and **by when** |
| **Home** |  |  |  |
| **Employment** |  |  |  |
| **Education** |  |  |  |
| **Community** |  |  |  |
| **Health and Wellbeing e.g. Physical/Emotional** |  |  |  |

**Voice of the Child – to be completed with each child**

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