

**Early Help Assessment and Summary**

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| This assessment should always be completed with Part A.  This assessment should always be completed with the child, young person and family.  Ideally the assessment would also include a visit to the family home. |

**10. Early Help 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.

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| **Parent who has parental responsibility:**  I have received an information leaflet and understand the complaints procedure.  I have had the reasons for information sharing explained to me and received an information sharing leaflet.  I agree to the sharing of information between services involved in the Team around the Family (TAF).  I agree to the sharing of information for the Families Together Programme.  I **do not** wish to have my information shared with:  …………………………………………………………………….…………………………………………………………………….…………………  Print Name: …………………………………… Signature: …………………………………… Date: ………………………………  Print Name: …………………………………… Signature: …………………………………… Date: ……………………………… |
| **Child** (If age appropriate):  I have received an information leaflet and understand the complaints procedure.  I have had the reasons for information sharing explained to me and received an information sharing leaflet.  I agree to the sharing of information between services involved in the Team around the Family (TAF).  I agree to the sharing of information for the Families Together Programme.  I **do not** wish to have my information shared with:  …………………………………………………………………….…………………………………………………………………….……………………  Print Name: …………………………………… Signature: …………………………………… Date: ……………………………  Print Name: …………………………………… Signature: …………………………………… Date: …………………………… |
| **Author Details:**  Print Name: …………………………………… Signature: …………………………………… Date: …………………………… |

**11. Requesting additional support**

I am requesting extra support from Darlington Borough Council to achieve the following outcomes as identified on the family plan.

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**12. Assessment**

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| **Summarise what has led to this assessment of the Child/Young Person/Family**  *(History, previous involvement with services, etc.)* |
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| **How has the child/young person been involved in this assessment?** (Generic voice of child) |
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| 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.  https://humankindcharity.org.uk/service/darlington-young-carers |

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| Is the child at risk of CSE (Child Sexual Exploitation)?  Yes  No  [*External Agencies: Contact*](http://www.darlington.gov.uk/education-and-learning/local-safeguarding-children-board/children-and-young-people/sexual-exploitation/) *Children’s Access Point to discuss – 01325 406222. A CSE Matrix will need to be completed.* |

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| **Child Development**  Health, Education, Emotional & Behavioural, Identity, Relationships, Presentation, Abilities & Skills | | |
| **What are we worried about?** | **What is working well?** | **What needs to happen?** |
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| **Family and Environment**  Who’s Who, Community. Social Integration, Income, Employment, Housing, Family networking, Family History, Family functioning | | |
| **What are we worried about?** | **What is working well?** | **What needs to happen?** |
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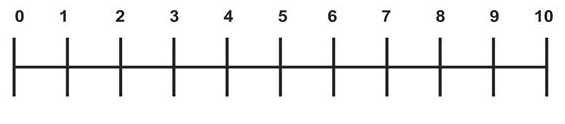
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| **Parenting Capacity**  Basic Care, Safety, Warmth and love, Stimulation, Guidance & Boundaries, Stability & Security | | |
| **What are we worried about?** | **What is working well?** | **What needs to happen?** |
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| **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?** |
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| **CHILD / YOUNG PERSONS VIEWS** (Re the worries identified in the domains above) |
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| **PARENT/ CARER VIEWS** (Voice of both parents to be considered) |
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| **ANALYSIS** | |
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| **First TAF meeting date:** |  |

**13. Scaling question**



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:

**14. Vulnerability Score**

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

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| *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 childrensaccesspoint@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.