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| **Early Help Practitioner Self-Assessment Checklist** |
| *When* ***new*** *to the Early Help process, use the check list every time.**When* ***experienced****, use the checklist to assess your quality at least every three months.* |
| **Information Sharing, Consent and Complaints procedure** | **Y** | **N** |
| Has the young person (if appropriate) or parent signed the consent form to agree to the process? |  |  |
| Have you agreed with child/YP/family who the information will be shared with and how it will be recorded? **OR** who not to share with? |  |  |
| Have you provided the child/YP/family with information and complaints leaflet |  |  |
| **Early Help Assessment Preparation** |  |  |
| Is there a clear reason for the Early Help Assessment? |  |  |
| Have you explained to the child/YP/Family the reasons and purpose of the Early Help Assessment? |  |  |
| Have you checked if there is already an Early Help Assessment in existence? **ChildrensAccessPoint@darlington.gcsx.gov.uk** |  |  |
| Where appropriate have any special arrangements been arranged for the assessment (e.g. interpreter, access etc.?) |  |  |
| **Assessment** |  |  |
| Does the assessment focus on what the child/YP/Family want to achieve? |  |  |
| Does the assessment include the strengths **AND** needs of the family? |  |  |
| Does the assessment consider the history of the family? |  |  |
| Have you collected enough information for those who are to get involved in the future? |  |  |
| Have you used the toolkit documents, where needed, to support your assessment |  |  |
| Are all actions clear, allocated and have appropriate timescales?  |  |  |
| **Conclusions, Solution and Analysis** |  |  |
| Does the assessment identify what needs to change and how this will be achieved? |  |  |
| Have you identified how you will know things have improved? |  |  |
| Do the conclusions relate to the original reason for the Early Help Assessment? |  |  |
| **Team around the Family** |  |  |
| Have you identified a Lead Practitioner? |  |  |
| Does the action plan have clear tasks for each member of the Team around the family (including the child/YP/Family if appropriate) |  |  |
| Are the tasks SMART (Specific, Measurable, Achievable, Relevant and Time specific)? |  |  |
| Have you agreed a review meeting? |  |  |
| **Team around the Family Review** |  |  |
| Have you identified any new information that needs to be shared? |  |  |
| **Closure** |  |  |
| Is it clear to continue with the Early Help Process or should the Assessment be closed? (Closed if only single agency involvement, if all outcomes have been achieved, if parent withdraws consent or you have evidenced what you have done to engage a family who is not engaged with the process) |  |  |
| **Evaluation** |  |  |
| Has the child/YP/Family complete an evaluation of the form of the Early Help Process |  |  |
| **Handover** |  |  |
| If you are no longer able to continue as lead Practitioner (i.e. child moves out of area, or to a new school) have you identified a suitable alternative lead? |  |  |
| Have you discussed any completed or outstanding outcomes with the new Lead Professional? |  |  |
| Have you invited the new lead to a handover team around the family meeting OR will you attend the new lead’s first Team around the Family meeting? |  |  |
| **Documentation** |  |  |
| Have you sent Assessment and Team around the Family documents to **ChildrensAccessPoint@darlington.gcsx.gov.uk** |  |  |