

**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 securely and 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?** |
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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 Disc to discuss.  <http://www.disc-vol.org.uk/projects/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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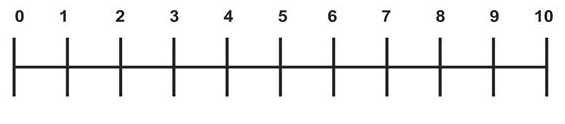
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| **Parenting Capacity**  Basic Care, Safety, Warmth and love, Stimulation, Guidance & Boundaries, Stability & Security | | |
| **What are we worried about?** | **What is working well?** | **What needs to happen?** |
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| **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** |
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| **PARENT/ CARER VIEWS** |
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| **SUMMARY/RECOMMENDATIONS/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.gcsx.gov.uk](mailto:childrensaccesspoint@darlington.gcsx.gov.uk)

**Confidentiality Notice** – This information is shared in accordance with Darlington Safeguarding Children Board’s Information Sharing Protocol, if received in error please contact the referring organisation.