

**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 [ ]  NoA 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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| **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

**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.