**Section 1: History and Context**

Before you begin this assessment, it’s essential to find out if help is, or has recently been in place and who with. Discuss with child, young person or family and with verbal consent, call the Multi Agency Safeguarding team on (01942) 828520 to request a **Pre-enquiry check**/**Background Search** . If an Early Help is in place, contact the lead agency/professional and join your support with theirs. If not, summarise your findings and explain why you and this child/young person/family have decided to start Early Help in the box below

|  |  |
| --- | --- |
|

|  |
| --- |
|  |

**Section 2: Details of the child or young person** |
| Date assessment started  |  | Early Help Number | For office use only |
|  |
| Name of child / young person |  |
|  |
| Other known names |  |
|  |
| Address |  |
|  |
| Post code |  |  | Contact telephone number |  |
|  |
| Gender |   |  | Date of birth |  |
|  |
| Religion |  |
|  |
| Ethnicity |  |  | First language |  |
| Please provide details of any disabilities **or state if there are none** |
|  |
| Is an interpreter or signer required? Please provide details or **state if not required** |
|  |
|  |
| If more than one child in the family needs Early Help support, separate Part 1 assessments are required to protect each child’s personal information. Record children not receiving help above universal level in **Section 4: Other Significant People****Section 3: Details of parent/carer** Use main address at which the child lives first |
|  |
| Name of parent / carer |  |
|  |
| Date of Birth |  |
|  |
| Parental responsibility? |  |  | First language |  |
|  |
| Religion |  |
|  |
| Please provide details of any disabilities **or state if there are none** |
|  |
|  |
| Is an interpreter or signer required? Please provide details **or state if not required** |
|  |
|  |
|  |
| Other known names |  |
|  |
| Address |  |
|  |
| Post code |  |  | Contact telephone number |  |  |

To add details of further parent/ main carers, use **Section 10: Additional Information.** Add other adults in **Section 4**

**Section 4: Other Significant People**

Other children living at main address:

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of birth** | **School attended** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Any other significant adults / relationships:

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to child** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Is anyone in the family a serving member of the armed forces, an ex serving member, a reservist or an immediate family member of someone who is?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  | Specific armed services support may be available. Please explore this with their service if possible |  | No |  |  |

|  |  |  |
| --- | --- | --- |
| Please give the service number if possible  |  |  |

|  |
| --- |
| **Section 5: Details of worker completing this form** |
| Name |  |
|  |
| Role |  |
|  |
| Organisation |  |
|  |
| Address |  |
|  |
| Contact telephone number  |  |
|  |
| Contact email address |  |

|  |
| --- |
| **Section 6: Agencies and Services already involved:** |
| **Agency / Service** | **Name** | **Contact Details** | **Consent to share information** | **Invite to Team Around the Child (TAC)?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Section 7: Family members who you all agree should be invited to Team Around the Child (TAC) meeting if a multi agency response is needed** |
| **Name** | **Relationship to child** | **Address or email** | **Telephone number** | **Date of Birth** |
|  |  |  |  |  |
|  |  |  |  |  |
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**Section 8: Assessment**

**Important** - If you have completed an alternative holistic assessment, attach this and go to Section 7.

This section should be used to store gathered information about the current situation of a child or young person and their family. It must be completed in partnership with the child or young person, parents or carers. **With the consent of the child/young person/family** the information will be included on a secure database. This database can be consulted by professionals in order to access relevant support and integrate any services that the child/young person/family might receive

**Please remember** - This assessment belongs to the child/young person and/or family named above. Evidence their opinions, concerns and wishes, in whatever ways are appropriate to them. Pictures, smiley/sad faces or a record of non-verbal responses are acceptable. Focus together on the areas below drawing out needs and strengths and identifying goals. Refer to the Early Help Guidance for more help with scoring and ideas to help with discussion.

**Always** write acronyms in full and explain service-specific language

|  |
| --- |
| **General Health** -Please select strength: |
| 1. Excellent | 2. Good | 3. Needs Early Help | 4. Needs intensive Early Help |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |

|  |
| --- |
| **Personal Development** -Please select strength: |
| 1. Excellent | 2. Good | 3. Needs Early Help | 4. Needs intensive Early Help |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |

|  |
| --- |
| **Enjoy and Achieve** -Please select strength: |
| 1. Excellent | 2. Good | 3. Needs Early Help | 4. Needs intensive Early Help |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |

|  |
| --- |
| **Parenting** -Please select strength: |
| 1. Excellent | 2. Good | 3. Needs Early Help | 4. Needs intensive Early Help |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |

|  |
| --- |
| **Family / Environment** -Please select strength: |
| 1. Excellent | 2. Good | 3. Needs Early Help | 4. Needs intensive Early Help |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |

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| --- |
|  |
| **While completing this assessment,** were you able to see the child or young person alone? Please give details of the circumstances in which the assessment took place. Place and persons present etc. |  |

|  |  |
| --- | --- |
| **Conclusions**Briefly summarise the assessment. Why was it required? |  |

|  |  |
| --- | --- |
| **Immediate actions**Have any risks been identified that require immediate action? Give details.  |  |

|  |  |
| --- | --- |
| **Outcomes that indicate success**How will things look for the child/young person/family when you are ready to end Early Help? Explain how you will you measure this |  |

|  |  |
| --- | --- |
| **Next steps**Consider the wishes of the child/ young person/family, any management advice you have sought, your research around other agencies involved and the assessment. Identify what you intend to do next |  |

**Section 9: Reasons and Threshold**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Safeguarding threshold level**: |  |  | 1 |  | 2 |  | 3 |  | 4 |  |  |
| See guidance for more details |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is this a step down from Social Care?** | Yes |  | No |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Has this assessment identified the family as a Confident Family?**See guidance for more details | Yes |  | No |  |  |
|  |  |  |  |  |
| **Main reason for Early Help**See Appendix A  |  |  |
|  |  |  |
| **State all other reasons:**See Appendix A |  |  |
|  |  |  |

**Section 10: Additional Information**

|  |
| --- |
| *Use this section to record additional parents/carers, additional case notes or any further relevant information* |

**Section 11: Consent**

I understand that information will be recorded and that I will receive a copy of the Early Help Form and any Action Plans we agree.

I agree to the sharing of information between the services currently involved and others who may be able to support me.

I understand that where there are significant concerns about a child’s welfare and safety, other agencies may be contacted without consent.

I agree to the sharing of relevant information for research purposes and to enable the evaluation of support services delivered.

|  |
| --- |
| *Use this box if you disagree with any part of this consent or to specify how your information is shared* |
|  |

Early Help has been explained to me and I understand the process.

|  |
| --- |
| **Parent / Carer (Person with Parental Responsibility)** |
|  |  |
| Name: |  |
|  |
| Relationship to child: |  |
|  |
| Signed (or state if verbal consent in place /signature is stored on original copy):  |  |  |  |  |
|  | Date: |  |
|  |
| **Young Person** |
|  |  |
| Name : |  |
| Signed (or state if verbal consent in place / signature is stored on original copy): |  |
|  |  |  |  |
|  |  | Date: |  |
|  |  |
| **Lead Worker** |
|  |  |
| Name: |  |
|  |
| Agency:  |  |
|  |
| Job Title: |  |
|  |
| Signed (or state if signature is stored on original copy): |  |  |  |  |
|  |  | Date: |  |

**Next Steps**

Thank you for completing this assessment. Now it is time for you and the child, young person and/or family to plan how best to address any issues raised.

Either a single **or** multi-agency response may be required. In either case, follow the Early Help Process flowchart and use the Early Help Part 2 Action Plan to coordinate your agreed next steps.

**Important** Don’t forget that with consent, all forms must be logged with the Early Help Hub using the contact details below**.** Questions and requests for help are also welcome.

**Email** **EarlyHelp.logging@wigan.gov.uk**

**Tel**  01942 828520

**Address** Multi Agency Safeguarding team, Ground Floor, College Avenue, Wigan ,WN1 1NJ

**Appendix A – Reasons for Early Help**

Alcohol Misuse - Adult/Child

Basic Care, Safety and Protection

Bullied

Bullies or abuses peers or carers

Challenging Behaviour

Child Abuse / Child on Child Abuse

Child Sexual Exploitation/ Risk of CSE

Community Issues

Crime or Anti-Social Behaviour including risk of custody Adult/Child

Domestic Abuse

Substance Misuse - Adult/Child

Education Attendance / Exclusion

Emotional warmth and stability

Finances / Debt Issues

Guidance Boundaries and Stimulation

Housing or rent issues /Homelessness or threat of

Inappropriate Sexual Behaviour –Child

Learning and Attainment

Learning Difficulty – Adult/Child

Mental/Emotional Health including Self Harm - Adult/Child

NEET

Neglect

Parenting Support

Physical Health or Disability - Adult/Child

Poor Home Conditions

Risky behaviour including missing from home

Social Development/Identity including independence/gender/sexual orientation – Adult/Child

Social Isolation – Adult/Child

Service specific request

Teenage Pregnancy

Victim of/affected by crime

Wider Family Issues/Family History

Young Carer

Unknown Reason