**Early Help Assessment & Initial Plan**

**Concerning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sys Ref | First Name | Family Name | Gender | DOB | Address |
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**Is this a step down?**

If you have attended a stepdown meeting with Safeguarding and have agreed to lead then please select yes. If you have selected yes, please proceed to "Review" as the assessment will already have been completed.

YES/NO

**Early Help Lead**

|  |  |  |  |
| --- | --- | --- | --- |
| Author |  |  |  |
| Lead Professional |  |  |  |
| CAF Status |  |  |  |
| Date opened |  |  |  |
| Date closed |  |  |  |

**Disabilities**

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| --- | --- | --- | --- | --- |
| Disability Type | Diagnosis Date | Disability Start Date | Disability End Date | Comments |
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**Professional Involvements**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Sys Ref | Title | First Name | Family Name | Organisation | Role | From Date | To Date |
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**Services working with the family**

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| --- | --- | --- | --- | --- | --- | --- |
| Practitioner Name | Organisation | Role | Telephone Number | Email Address | Who are they working with? | Current |
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**Agreement to Early Help Process**

The Early Help Process has been explained to me/my family. I/we understand the information about our family will be collected using the Early Help Assessment, this information will be stored on a Council database and used for the purpose of providing advice and support for my family and for the evaluation of this support. I/we understand in order to offer the best possible support, this information maybe shared with schools, health professionals and other organisations relevant to my family. I also agree to this information being provided to any new services should I move out of area or between services.

Please record the date of this agreement

Name

Exceptional circumstances: Concerns about significant harm to infant, child or young person - (reminder, practitioner to read out statement below)  
  
If at anytime we are concerned that an infant, child or young person has been harmed or abused or at risk of being harmed or abused, we must follow the Medway Safeguarding Children Board's safeguarding children proceedures.  
We will seek the agreement of the child and family before making such referral UNLESS to do so would place the child at increased risk of significant harm.

**Reason for Assessment**

Wherever possible, base comments on evidence, not just opinion and indicate what your evidence is. If there are any major differences of view, these should be recorded too.

What has lead to this assessment?

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What has already been tried

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**Health**

General, physical and emotional health. Are all family members registered and accessing appropriate health services e.g GP, Dentist & Opticians. Any recent or recurring hospital admissions?  
Consider diet, mobility, age appropriate health development milestones, communication/sensory needs.  
Emotional and social development e.g Self harm, anxiety, phobia, depression, Substance misuse, Sexuality, gender identity & neurological disorders (ADHD, ASD etc)

**Assessment**

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| --- | --- |
| Strengths/protective factors | What are we worried about? |
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**Education**

Attendance, participation in learning, progress & achievement. Exclusions/child missing education or risk of education failing. Whole family ability to read & write.

**Assessment**

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| --- | --- |
| Strengths/protective factors | What are we worried about? |
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**Child in need of Help**

Consider inappropriate parental supervision, child going missing, at risk of sexual exploitation (CSE) and any concerns around a child's needs not being met.

**Assessment**

|  |  |
| --- | --- |
| Strengths/Protective Factors | What we are worried about |
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**Worklessness/Housing**

In receipt of out of work benefit or not in education employment or training (NEET), any financial exclusions e.g significant rent arrears, debt impacting of the ability to meet basic needs. Any housing issues

**Assessment**

|  |  |
| --- | --- |
| Strengths/protective factors | What are we worried about? |
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**Crime**

Consider any Anti Social Behaviour (ASB) in the community, convictions, subject to probation within the last 12 months or the potential of criminal behaviour.

**Assessment**

|  |  |
| --- | --- |
| Strengths/protective factors | What are we worried about? |
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**Healthy relationships**

Domestic abuse incidents, family relationships/family history. Secure attachments, guidance, discipline & boundaries.

**Assessment**

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| --- | --- |
| Strengths/protective factors | What are we worried about? |
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**Early Help Plan/Review**

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| --- | --- | --- | --- | --- | --- |
| Desired Outcome (what will sucess look like?) | Action (to achieve the Desired Outcome) | Who will do this? | By What Date? | Progress Update (Complete at Review only) | Date Action is Achieved |
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**Date of next review**

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| --- |
| Date of review |
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**Next Steps**

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| --- | --- | --- |
| Next Step | Selected | Manager's Decision |
| Close Desired Outcomes Achieved |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | Create Task | Incomplete | | Create Form | Incomplete | | | |
| Close Reassessment Medway Hubs |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Close Family Moved Out of Area |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Progress to Closure Desired Outcomes Achieved |  |  |
| |  |  | | --- | --- | | Action | Status | | Create Form | Incomplete | | | |
| Close Outcomes Partially Achieved |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Close Transfer to Adult Services |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Close Family Non Engagement |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Close Accepted by Social Care |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Close Consent Withdrawn |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| Close Deceased |  |  |
| |  |  | | --- | --- | | Action | Status | | Close CAF | Incomplete | | | |
| To Progress to Review Meeting |  |  |
| |  |  | | --- | --- | | Action | Status | | Create Form | Incomplete | | | |
| Review Medway Hub Staff use only |  |  |
| |  |  | | --- | --- | | Action | Status | | Create Form | Incomplete | | Create Task | Incomplete | | | |