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| BRADFORD’S EARLY HELP ASSESSMENT TOOL An Early Help Assessment when working with children and their families | | | C:\Users\MulganC\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\EH36GWQB\bradford-partnership-logo-colourPNG.png |
| **The Agreement**  If you would welcome support for your family, then we need your agreement for agencies to co-ordinate any support you may need through sharing information about your family with them. This could include the following agencies: Children’s Specialist Services, Schools, Police, National Probation Service, West Yorkshire Community Rehabilitation Company, Youth Offending Team, Department of Work and Pensions (including contracted work programme providers), Incommunities, Families First Commissioned Services, your GP, Health Visitors, School Nurses, Family Hub, Stronger Families and Bradford Teaching Hospitals NHS Foundation Trust’s Innovation Hub who are undertaking important research about children’s development for Better Start Bradford and Born in Bradford Projects. Access to information is carefully controlled and only approved members of the Innovation Hub Team will be able to identify you whilst keeping your information private and safe so that no information that could identify you or your child will be shared with anyone else.  We collect and process personal and sensitive information in accordance with the General Data Protection Regulation. This information may include details about you/your children’s health including NHS Numbers, education and UPN Numbers, welfare and development, home or family circumstances. We use this information:   * To help us work with you to provide an effective service * To help us improve services through research and planning   In some cases, information may be shared between agencies without consent; for example, where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, we will discuss this matter with you. Reasons for this are:   * If it is believed that a child’s/adult’s safety or welfare is at immediate risk * Where it is required to do so by law because of a criminal activity /drug trafficking offences * Should you or your child fall ill during contact with the service and relevant information needs to be given to a medical professional   **CONSENT FOR INFORMATION STORAGE AND INFORMATION SHARING**  The reasons for sharing information have been explained to me. I give my permission for Bradford Council to obtain personal and /or sensitive information about me and my family for the purposes set out above and agree to my information being shared with and for Prevention and Early Help / Families First / Social Work services.  My explicit consent is freely given, fully informed and I understand that it can be withdrawn at any time. I have been given the opportunity to ask any questions in relation to this referral and the information about me that will be shared and that I can request an update at any time. I have the right of access to personal information held about me and my children and can request this by making an application in writing.  This completed form will be retained by Bradford Council. Information will be stored on a secure electronic system and shared with other organisations as appropriate, and only communicated by secure means. It will be destroyed in accordance with data protection principles and Bradford Council retention policy*.* Read our full [Privacy Notice](https://www.bradford.gov.uk/open-data/data-protection/prevention-and-early-help-privacy-notice/).  If you are the Parent/Carer you are also giving your permission to share personal information about young people (under 16) in your care. | | | |
| Signed: | Print Name: | Date: | |

1. **Person undertaking the assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Role / Position** | | **Agency / Service** | | **Address**  **(Inc. postcode) and contact number** |
|  |  | |  | |  |
| **Signed** | | | | | **Date** |
|  | | | | |  |
| **Date Assessment Started** | | **EHA Reference No.** | | **Date Assessment Completed** | |
|  | |  | |  | |

1. **Some basic details about you and your family – Parent / Carer**

|  |  |  |
| --- | --- | --- |
| **Parent / Carer Surname** | **Parent / Carer First Name** | **Relationship to child** |
|  |  |  |
| **Date of Birth and NHS no** | **Ethnicity** | **Parent/ Carer Gender** |
|  |  |  |
| **Parent / Carer Surname** | **Parent / Carer First Name** | **Relationship to child** |
|  |  |  |
| **Date of Birth NHS no** | **Ethnicity** | **Parent / Carer Gender** |
|  |  |  |
| **Address (Inc. postcode)** | | **Contact Number** |
|  | |  |
| **Name of family Doctor** | **Address** | **Contact number** |
|  |  |  |
| **Name of family Dentist** | **Address** | **Contact number** |
|  |  |  |

**Children and other people at the home address**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | **First Name** | | **DOB** | **Relationship** | | | **School / Nursery** | **NHS no** | **EHCP** | **Disability** | **SEN** | **Ethnicity** |
|  |  | |  |  | | |  |  | **Yes / No** | **Yes /**  **No** | **Yes / No** |  |
| **Add new Row** | | **Delete last row** | | |  |

**Additional Caring Responsibilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you caring for someone else's child?** | | | | Yes | No | |
| **If the answer is yes, is there an order in place?** | | | | Yes | No | |
| **What type of Order?** | Child Arrangement Order | SGO | Parental Responsibility Order | | | N/A |

**Details of other Parent / Carer / Adult with Parental Responsibility not living at this address**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | **D.O.B and NHS no: if known** | **Address** |
|  | |  |  |
| **Will they contribute to the Early Help Assessment** | |  | **If no, please explain why** |
| **Yes** | **No** |  |  |

**Significant others, including siblings who live at a different address** (please provide details of any other people connected to the family who are important in providing a network of support e.g. grandparents, wider family and friends)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | **First Name** | | **Address** | **Relationship to child** | **DOB** |
|  | |  | |  |  |  |
| **Add new Row** | **Delete last row** | |

**Other services supporting your family (please use a separate sheet if necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | | **Contact Name** | | **Contact Number** | **Which family member is being supported** |
|  | |  | |  |  |
| **Add new Row** | **Delete last row** | |

1. **Strengths and Needs - this is where we identify what we are worried about and what is working well**

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| --- |
| **Who was present at the assessment**  (give names and relationships, including the person undertaking the assessment) |
|  |

|  |
| --- |
| **Voice of each Child** (please reference any tools used to engage the children e.g. Three Houses, using the child's own words wherever possible. For pre-verbal children, please use this section to record your (or other practitioner's) observations |
|  |

Please complete the remaining sections to record a summary of your conversation with the family, as well as including information received from the relevant professionals.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEALTH - General health, outstanding health needs, parent/carer ability to meet these needs**  On a scale of 1-10, where 10 is the best situation, how would you rate how well are things going? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| **What is working well (strengths)?** | | | | | **What needs to change (goals) and why?** | | | | |
|  | | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION - Nursery, school, college, training, stimulation at home, parent/carer ability to meet these needs**  On a scale of 1-10, where 10 is the best situation, how would you rate how well are things going? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| **What is working well (strengths)?** | | | | | **What needs to change (goals) and why?** | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emotional Development and Wellbeing - Mental health, substance misuse, domestic abuse,**  **emotional warmth from carer parent / carer ability to meet these**  On a scale of 1-10, where 10 is the best situation, how would you rate how well are things going? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| **What is working well (strengths)?** | | | | | **What needs to change (goals) and why?** | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family and Social Relationships – Parent / carer ability to ensure safety, stability of relationships, anti-social behaviour and crime**  On a scale of 1-10, where 10 is the best situation, how would you rate how well are things going? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| **What is working well (strengths)?** | | | | | **What needs to change (goals) and why?** | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing, Income and Employment - Including home conditions**  On a scale of 1-10, where 10 is the best situation, how would you rate how well are things going? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| **What is working well (strengths)?** | | | | | **What needs to change (goals) and why?** | | | | |
|  | | | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Presentation - Self-care skills, parent/carer ability to meet these needs**  On a scale of 1-10, where 10 is the best situation, how would you rate how well are things going? | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
| **What is working well (strengths)?** | | | | | **What needs to change (goals) and why?** | | | | |
|  | | | | |  | | | | |

**4. Setting Goals and Action Planning**

**Immediate Next Steps** (what does the family and / or others need to do between now and the initial TAF meeting?)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal / Action** | **Area** | | **Who will do it** | | **By when** | **Outcome** | **Invite to TAF** |
|  |  | |  | |  |  |  |  |
| **Add new Row** | | | **Delete last row** | |

**Conclusions**

|  |  |  |
| --- | --- | --- |
| **Parent(s) comments on the assessment and the agreed actions** | | |
|  | | |
| **Child(ren) / young person(s) comments on the assessment and actions agreed** | | |
|  | | |
| **Suggested Outcomes** | | |
|  | | |
| **Close EHAT** | **Yes** | **No** |
| **Progress to TAF meeting** | **Yes** | **No** |
| **Date of intial TAF meeting** |  | |
| **Suggested Lead Practitioner** |  | |

**Tick any of the following that are relevant and ensure there are goals / actions to address this in the plan above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent** | **✓** | **Child(ren)** | **✓** |
| Mental Health |  | Mental Health |  |
| Drug misuse |  | Drug misuse |  |
| Alcohol misuse |  | Alcohol misuse |  |
| Domestic abuse |  | Crime/ASB |  |
| Physical disabilities |  | Physical disabilities |  |
| Criminality/ASB |  | Neglect |  |
| Unemployment |  | Young Carer |  |
| Learning difficulties |  | Learning difficulties |  |
| Debt and finance |  | Child exploitation |  |
|  |  | Speech and Language |  |
|  |  | School/nursery attendance |  |