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| **ARE YOU PRINTING CONFIDENTIAL OR SENSITIVE INFORMATION?**  **If so check that those to whom you will provide copies of the document are entitled to see the information.**  The information contained in printed documentation and the distribution of that documentation is solely the responsibility of the user of this system. The software and / or system provider cannot in anyway be held liable for the distribution of confidential information to any entity, legal or personal, having no entitlement to be privy to the information contained in forms and documents that the user has produced using this system. |
| **Torbay Council**  **ECAF   Tel: Fax:** | | |
| **Early Help Assessment** |  |  |

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| Date Assessment Started: |  |

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| Date Assessment Completed: |  |

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| Person leading on assessment |  |

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| Contact Details |  |

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| **Who else is working with our family** |

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| Please consider all universal services and any additional services working with adults or children |
| |  |  |  |  | | --- | --- | --- | --- | | **Organisation Name** | **Role/Services** | **Name** | **Contact Details**  **Telephone number / Email** | |  | |  |  | | --- | --- | | **Y/N** |  | |  | Advocate | |  | Child Minder | |  | Children’s Guardians | |  | College | |  | Criminal Justice Service Provider | |  | Dentist | |  | District nurse | |  | Early Help Family Support | |  | Education welfare officer | |  | General Practitioner | |  | Health visitor | |  | Hospital | |  | Housing Services Provider | |  | Independent visitor | |  | Mental Health Worker | |  | Minded Child | |  | Nursery | |  | Occupational Therapist | |  | Optician | |  | Other | |  | Other health professional | |  | Paediatrician | |  | Patient | |  | Psychiatrist | |  | Play therapist | |  | Playgroup | |  | Police | |  | Practice or Surgery | |  | Psychologist | |  | School | |  | School nurse | |  | Senco | |  | Service Provider | |  | Social Services | |  | Solicitor | |  | Special Needs Officer | |  | Teacher/head teacher | |  | University | |  | Voluntary Service Provider | |  | Youth offending team worker | |  |  | |

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| **Useful information to know when working with our family** |

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| **Your Family’s Consent and Privacy**  We would like to contact other agencies so we can gather information for the purposes of completing the Early Help Assessment. This information will include contact with agencies, immunisations, disability, any drug or alcohol misuse, any mental health issues. We will be asking those agencies for information about the adults and children in your family. Please tell us below whether you are happy for us to contact these agencies. You can withdraw your consent at time by informing your social worker.  **Consent**   |  |  |  | | --- | --- | --- | |  | **I consent to the Early Help Assessment** *(please tick)* | | |  | I consent to the Torbay Early Help Assessment being undertaken and confirm I have parental responsibility for the child or children in this assessment. I understand that I may withdraw from this process at any time. I/we agree to information being shared about me/us and my/our family with the Council's partner organisations in order to provide me/us and my/our family with Early Help Services and Support. |  |  |  |  | | --- | --- | --- | | **Name of Parent / Carer** | **Signature** | **Date** | |  |  |  | |  |  |  | | **Name of Family Member** (including children and young people) | **Signature** | **Date** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Name of Professional** | **Signature** | **Date** | |  |  |  |   **Is there anyone else who has parental responsibility for this child/ren and needs to be informed of this assessment process? Yes / No ?**  **If yes, please give details:**  **Name:**  **Address: Phone:**  **Email:**  **Who's in our family** |

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| **Child(ren) details** |

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| Full Name |  |

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| DOB |  |

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| --- | --- |
| Age |  |

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| --- | --- |
| Address |  |

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| Languages |  |

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| Interpreter Required? |  |

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| Religion |  |

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| Ethnicity |  |

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| Disabilities |

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| SEN Statements |  |

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| **Who's in our family** |

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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** | **Gender** | **Date of Birth**  **Or expected date** | **Age** | **Relationship** | **Parental responsibility**  **Y/N** | **Address** | **Language** | **Ethnicity** | **Religion** | **Disability** | **Interpreter required**  **Y/N** | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Our family - Genogram** |

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| **My family and important people to me (draw or write)** |

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| **Our family story** |

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| What has happened in the past |  |

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| What is happening right now |  |

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| What are you worried about and why |  |

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| What is going well for your family |  |

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| --- | --- |
| I feel happy when…. |  |

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| --- | --- |
| I am proud of…because… |  |

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| Which of my family and friends are able to help me at the moment? |  |

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| What support would help to address my worries and concerns |  |

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| What will be the hardest thing for me in making changes |  |

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| **Views of Child/Young Person** |

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| Is the child under 5? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  | **/** | No |  | |

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| **Voice and views of the child/young person** |

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| What I do day to day |  |

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| These people are important to me…. |  |

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| Me and my family are good at |  |

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| Me and my family need to make the following changes to make things right |  |

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| **School and achievements** |

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| Current School/Nursery Name  All types of provision |  |

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| **Child's school attendance** |

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| Highlight  School attendance last year  Or nursery if appropriate | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 100-95% |  |  | 94-85% |  |  | 84-75% |  |  | 74-50% |  |  | 50% or less |  |  | other |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Highlight  School Attendance this year | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 100-95% |  |  | 94-85% |  |  | 84-75% |  |  | 74-50% |  |  | 50% or less |  |  | other |  | |

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| **Educational achievement** |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Over  time | **Reading** | **Writing** | **Speech and Language** | **Mathematics** | **Date of Assessment** | |  | Y/N | Y/N | Y/N | Y/N |  | | **24 months ago** | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | |  | | **12 months ago** | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | |  | | **Now** | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | | |  |  | | --- | --- | |  | Alternative Assessment  Method | |  | Beginning | |  | Developing | |  | Secure | |  | |

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| Date of EHCP: |  |

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| **Recommendations and next steps** |

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| Have you completed a DASH risk assessment? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  |  | / No |  | |

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| Have you completed a child exploitation toolkit? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes / No |  |  |  |  | |

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| Has a FGC been held? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  |  | / No |  | |

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| Has the graded care profile 2 been used? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  |  | / No |  | |

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| Has a DARAC risk assessment been completed? | |  |  |  |  | | --- | --- | --- | --- | |  | Yes / No |  |  | |

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| Has any other tool been used to inform this assessment? | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes |  |  | / No |  | |

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| Any supporting documentation received and where this can be found |  |

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| Analysis following assessment |  |

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| Recommendations and next steps |  |

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| Suggested Outcome | |  | | --- | | Y / N Early Help Panel | | Y / N Early Help Plan | | Y / N Team Around Family Meeting | | Y / N Early Help Completed | |

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| Name of Practitioner completing assessment | |  | | --- | |  | |
| Signature: |  |

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| Name of Manager |  |
| Signature: |  |

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