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Early Help toolkit

part 2: Assessment and consent

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This assessment and consent form replaces all previously used early help assessment forms. There are 5 sections to complete.

Before initiating an Early Help assessment, provide Part 1 Early Help Toolkit ‘My child and family’ to the parent, use this to guide discussion areas with the parents and / or child.

* Ensure there are **no** **immediate child protection concerns.** If at any time you are concerned about the welfare or safety of a child/young person consult your safeguarding policy and follow the safeguarding protocols within the command.
* Consider whether a multi-agency response is required, can needs can be met through a single organisation response or universal services?

The Early Help case number ensures paperwork is stored in the correct Early Help file, include this in all future communications with the Early Help co-ordinators. Early Help case number can be obtained by contacting the Early Help co-ordinator via email [**rc-dcs-hq-wsw@mod.gov.uk**](mailto:rc-dcs-hq-wsw@mod.gov.uk)

# **Section 1: Early Help unique identification number (UIN)**

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| --- | --- |
| **Early Help case number**  Early Help case number can be obtained by contacting the Early Help co-ordinator via email [**rc-dcs-hq-wsw@mod.gov.uk**](mailto:rc-dcs-hq-wsw@mod.gov.uk) |  |

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| **Early Help Initiator comment:** Use this space to explain why an early help is being initiated for this child/ young person/family. Include an overview of the presenting needs. |
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| **Lead professional details** | | | | | |
| Name of person completing this assessment |  | Role |  | Agency |  |

**Section 2: The child and family**

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| **Basic information:** Child/young Person | | | | | |
| Child/young person full name(s) |  | Date of birth | |  | |
| Gender | |  | |
| Ethnicity |  | Child’s first language | |  | |
| Family address |  | Unit address | |  | |
| Parent/family first language |  | | | | |
| **Basic information:** Parents/carers | | | | | |
| Parent/carer name |  | | Parental responsibility | | Y/N |
| Relationship to child |  | | | | |
| Contact telephone |  | E-mail address |  | | |
| Parent/carer name |  | | Parental responsibility | | Y/N |
| Relationship to child |  | | | | |
| Contact telephone |  | Email address |  | | |

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| **Family composition:** All those residing in the family home | | | |
| Name | Date of birth | Gender | Relationship to child |
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| **Other important people not in the family home:** including contact details of parents not living with the child | | | | |
| Name | Date of birth | Gender | Relationship to child | Are there any risks associated with contact |
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| **Education/childcare providers** | | | |
| School or EYFS setting |  | | |
| Year group/class |  | | |
| Key contact and contact details |  | | |
| Special Educational Needs (SEN) |  | Service Child Assessment of need (SCAN) |  |
|  | | | |
| Any other provider |  | | |
| Contact details |  | | |

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| **Universal services/other agencies/professionals:** include any currently supporting the family | | | |
| Name | Role/agency | Contact details | TAF member Y/N |
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| **Previous service/interventions the family have received:** Include an outline of the support services the family has received or are currently receiving, including universal service provision. |
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| **Existing assessments and plans:** Include assessment and plans that are relevant to current need | | |
| Date | Assessment type speech and language, OT, Social Care | Plan: attach plans relevant to current needs |
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**Section 3: Early Help assessment**

Refer to the My Child and Family completed by the parent.

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| **What is happening right now that is causing concern?**   * Consider what triggers the issue. * Describe what is happening that you are most concerned about. Be specific and factual - what does this look like? Capture frequency (how often) and duration (how long it lasts) and where does this happen (e.g. at home, school in the community)?  This may be different for each child | | |
| **Health and wellbeing:**  Wellbeing is strongly linked to resilience, happiness, and life satisfaction therefore it’s important for professionals to understand the child’s strengths and needs in this area.  Is the child generally healthy and have access to regular medical and dental check-ups and appointments. When did the child last visit the dentist?  Has the child met developmental milestones? | | What is working well?highlight protective factors |
|  |
| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Emotional needs:** The ability of the child to manage their emotions and understand the emotions of those around them in an age developmentally appropriate manner.  How does the emotional warmth between the family members impact on the child’s emotional wellbeing? | | What is working well?highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Behaviour and choices:** What impacts on the child’s behaviour (positively and negatively)?  How able is the child in making developmentally appropriate independent positive choices?  Are boundaries age appropriate?  Do parents/carers feel able to provide guidance and boundaries to their child as they develop? | | What is working well? highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Family environment:** What support does the family have from wider family members and friends – a genogram and ecomap might help identify wider support structures.  Are there tensions in relationships within the family?  If there is a parent that doesn’t live with the child, is the relationship positive? Are there any safeguarding risks associated this this relationship?  Are there concerns around hygiene, home conditions, parenting. Consider Maslow’s Hierarchy of needs. | | What is working well? highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Friends and relationships:** Who is important to the child?  Are there tensions within the child’s peer relationships?  Does the child have children to play with at school and home - does the child have healthy peer relationships within their community? | | What is working well? highlight any protective factors. |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Education/Early Years:**  Does the child enjoy school or EYFS setting?  Is attendance causing any worries, is an education welfare officer involved?  Does the child enjoy learning, is the any special educational needs (SEN)? | | What is working well?highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Feeling safe:** How safe does the child feel in all their environments (home, school, and community).Some of the thingsthat might impact on the child’s feelings of safety could include sibling fights, marital discord, bullying at school, online safety, living in an area they feel unsafe in e.g crime, location etc. | | What is working well?highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Mobility:** Frequent moves are an integral part of military life for military families, this can result in children frequently moving school, changing friendships and changing homes. Using a timeline with the parents to plot all moves may help you understand whether the child requires support to manage change. | | What is working well?highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Goals/ambition:** What are the child’s goals for the future are and what is working well or needs to change to help the child achieve their goals? | | What is working well?highlight protective factors |
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| Challenges and vulnerabilities |
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| **Parent score** |  |
| **Environmental factors, including access to**  **local community:** What impact does parental employment have on the child e.g. deployment, working hours. Are there any financial worries.  Do the family and child access resources in the local community? Include MOD and local community activities e.g. swimming/Clubs/Stay n Play/Youth Centre.  Does the family have a sense of community belonging? | | What is working well?highlight protective factors |
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| Challenges and vulnerabilities |
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| **What are the wishes and feelings of the child and family?** Indicate what the child and family want to be different |
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| **What risks are there if no support is provided to the child and family?**  These should be realistic and have a direct connection to the presenting issues described above. Consider each child, and consider whether if no support is provided the family might become unsupportable in the overseas location |
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**Section 4: Analysis and summary**

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| **Reflect on the information gathered:**   * Identify which of the perpetuating factors are the key drivers to the presenting issue * Identify what needs to change |
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**Section 5: Your information and consent**

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| The agency collecting and receiving this information each act as Data Controller, in their own right. Each will in process the personal data they collect and/or hold in accordance with the data protection principles, as set down in the General Data Protection Regulation (GDPR) UK Data Protection Act 2018 (DPA). You can request further information about the information governance arrangements for agencies working with you and your child, and you can also request the contact information for their Data Protection Officers. Please speak to the practitioner’s you are working with for further guidance.  **Purpose:** The personal data processed is that which is provided to complete this form, and is the minimum required to offer you appropriate help and support services. The information will be used to identify the most appropriate services to help and support your family; to monitor and report on progress of that work; and to fulfil statutory obligations and statutory returns as set by the Defence Children Services (DCS).  **Lawful basis for processing:** The lawful basis for processing your personal data will depend on the services you are working with. Data for provision of early help support will be processed under Article 6(1)(a) of the General Data Protection Regulation because you have provided your consent.  **Legitimate Interests:** The agencies you work with, and DCS, may also use your personal data to meet audit and quality assurance requirements, to answer enquiries, and to deal with complaints.  Sharing: The data collected on this form may be shared (with your permission) with agencies identified as most able to support you. This may include health, education, and other organisations (e.g. SSAFA).  **Data Retention:** This data will be retained in accordance with the Data Controller’s legal requirements.  **Your Rights:** You have the right to ask a Data Controller for a copy of your data, the right to rectify or erase your personal data, and the right to object to processing. However, these rights are only applicable if the Controller has no other legal obligation concerning that data. You also have the right to complain to the regulator, https://ico.org.uk/  **Consequences:** If you do not consent to supply this information, we may not be able to do provide you with support services to support you and your family. | | | |
| **Consent to engagement in the Early Help process:**  I understand and agree with engaging in the early help process. I consent to relevant information being shared with the services and agencies identified in our family action plan  I understand that I can withdraw my consent at any point, I also understand withdrawing consent could result in our family not receiving the support required | | | |
| Name |  | Relationship to child |  |
| Signature |  | Date |  |
| Name |  | Relationship to child |  |
| Signature |  | Date |  |