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| **LCC 75mm TIFF**  **Request for Targeted Early Help Support**  **For Children, Young People and Families**    **This is a request for (please tick):**  **An Early Help Assessment**  (3 or more unmet needs, multi-agency co-ordinated response requiring a Lead Practitioner)   |  |  |  | | --- | --- | --- | | **Before completing this assessment, please contact your local advice point or the Early Help in DAS on 0116 4545899 to see if someone is already working with the family. This request form is to determine whether it meets the criteria for an Early Help Assessment or Single Agency response from Child Learning, Family Support or Targeted Youth Support.**    **If you become concerned that a child/young person has been harmed or abused or is at risk of harm or abuse, you must follow your Local Safeguarding Children Board (LSCB) procedures.** | | | | Date request started: |  |   **Single Agency Response: Targeted Youth/Family Support/Child Learning**  (2 or less unmet needs, short term support up to 12 weeks) |
| **Information about the child/young person and their family**  *If unborn baby, state name as ‘unborn baby’ and mother’s name, e.g. unborn baby of Ann Smith.* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Child’s Given name(s) |  |  | Family name |  | |  |  |  |  |  | | Male | Female  Unknown |  | AKA/previous names |  | |  |  |  |  |  | | Address and Postcode |  |  | Date of birth or EDD |  | |  |  |  |  |  | |  |  |  | Contact tel. no. |  | |  |  |  |  |  | |  |  |  | NHS Number |  | |  |  |  |  |  | |  |  |  |  |  |   Ethnicity Is this child or young person a young carer?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please Select the Ethnicity of the child/young person | |  | Yes | | | No  If ‘yes’ give details | If ‘Yes’ Please give details below | |  | | \*If other, please specify: |  | | |  |  | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Religion |  |  | Immigration status |  | |  |  |  |  |  | | Child’s first language |  |  | Parent’s first language |  | |  |  |  |  |  | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Is the child or young person disabled? | Yes |  | No |  | Don’t know |  | If ‘yes’ give details | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Details of any disability or special requirements (for child and/or their parent) e.g. signing, interpretation or access needs | | |  | | | | | Does the child or young person have a Statement of Educational Needs? | Yes |  | | No |  | Don’t know | | |

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| **Information about the child/young person and their family** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Given name(s)** |  |  | Family name |  | |  |  |  |  |  | | Male | Female  Unknown |  | AKA/previous names |  | |  |  |  |  |  | | Address and Postcode *(if different)* |  |  | Date of birth or EDD |  | |  |  |  | |  | NHS Number |  | |  |  |  |   Ethnicity Is this child or young person a young carer?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please Select the Ethnicity of the child/young person | |  | Yes | | | No  If ‘yes’ give details | If ‘Yes’ Please give details below | |  | | \*If other, please specify: |  | | |  |  | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Is the child or young person disabled? | Yes |  | No |  | Don’t know |  | If ‘yes’ give details | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Details of any disability or special requirements (for child and/or their parent) e.g. signing, interpretation or access needs | | |  | | | | | | Does the child or young person have a Statement of Educational Needs? | Yes |  | | No |  | Don’t know | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Given name(s)** |  |  | Family name |  | |  |  |  |  |  | | Male | Female  Unknown |  | AKA/previous names |  | |  |  |  |  |  | | Address and Postcode *(if different)* |  |  | Date of birth or EDD |  | |  |  |  | |  | NHS Number |  | |  |  |  |   Ethnicity Is this child or young person a young carer?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please Select the Ethnicity of the child/young person | |  | Yes | | | No  If ‘yes’ give details | If ‘Yes’ Please give details below | |  | | \*If other, please specify: |  | | |  |  | | | | Is the child or young person disabled? | Yes  No | | | Don’t know | If ‘yes’ give details | | | If ‘yes’ give details | | | Don’t know |  | If ‘yes’ give details | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Details of any disability or special requirements (for child and/or their parent) e.g. signing, interpretation or access needs | | |  | | | | | | Does the child or young person have a Statement of Educational Needs? | Yes |  | | No |  | Don’t know | |
| **Information about the child/young person and their family** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Given name(s)** |  |  | Family name |  | |  |  |  |  |  | | Male | Female  Unknown |  | AKA/previous names |  | |  |  |  |  |  | | Address and Postcode *(if different)* |  |  | Date of birth or EDD |  | |  |  |  | |  | NHS Number |  | |  |  |  |   Ethnicity Is this child or young person a young carer?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please Select the Ethnicity of the child/young person | |  | Yes | | | No  If ‘yes’ give details | If ‘Yes’ Please give details below | |  | | \*If other, please specify: |  | | |  |  | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Is the child or young person disabled? | Yes |  | No |  | Don’t know |  | If ‘yes’ give details | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Details of any disability or special requirements (for child and/or their parent) e.g. signing, interpretation or access needs | | |  | | | | | | Does the child or young person have a Statement of Educational Needs? | Yes |  | | No |  | Don’t know | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Child’s Given name(s)** |  |  | Family name |  | |  |  |  |  |  | | Male | Female  Unknown |  | AKA/previous names |  | |  |  |  |  |  | | Address and Postcode *(if different)* |  |  | Date of birth or EDD |  | |  |  |  | |  | NHS Number |  | |  |  |  |   Ethnicity Is this child or young person a young carer?   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please Select the Ethnicity of the child/young person | |  | Yes | | | No  If ‘yes’ give details | If ‘Yes’ Please give details below | |  | | \*If other, please specify: |  | | |  |  | | | | Is the child or young person disabled? | Yes  No | | | Don’t know | If ‘yes’ give details | | | If ‘yes’ give details | | | Don’t know |  | If ‘yes’ give details | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Details of any disability or special requirements (for child and/or their parent) e.g. signing, interpretation or access needs | | |  | | | | | | Does the child or young person have a Statement of Educational Needs? | Yes |  | | No |  | Don’t know | |
| **Details of Parent(s)/Carer(s) and Others** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name |  |  | Contact Tel. No. |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Relationship to the child |  | |  |  | | --- | --- | | Date of Birth |  | | |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Address and Postcode |  | Parental responsibility? | Yes | No | If no, do you have consent to contact? | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name |  |  | Contact Tel. No. |  | |
|  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Relationship to child |  |  | Date of Birth |  |  |  |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Address and Postcode |  | Parental responsibility? | Yes | No | If no, do you have consent to contact? | |
| Significant Others (e.g. family structure including siblings, other significant adults etc; who lives in the household)   |  |  |  |  | | --- | --- | --- | --- | | Household Members | Relationship to  child or young person | D.o.B. | School/Pre-School/Other | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Are there any other significant people in the family’s life?   |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | |  |  | | | | People present when the request is being completed |  | | **Details of person(s) undertaking the request for Targeted Early Help Support** | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name\* |  |  | Contact tel. no.\* |  | | | | | |  | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Address and postcode |  |  | Role |  | |  |  |  | |  | Organisation |  | | | | | | | |  | | | | | |  |  | | --- | --- | | Are you already working with this family? |  | | | | | |  | | | | | |  |  | | --- | --- | | Have you included the child/young person’s views? |  | | | | | |  | | | | | |  |  | | --- | --- | | Have you included the parent(s)/carer(s) views? |  | | | | | |
| **Services working with the child/young person and their parent(s)/carer(s) within the last 12 months** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Universal** | GP | | | |  | Details | |  | Tel. | | |  | | --- | |  | | | |  | | | |  |  | |  | | |  | |  | | | |  |  | |  |  | | |  | | Early years/education/FE training provision | | | |  | Details | |  | Tel. | | |  | | --- | |  | | | |  |  | |  | | |  | |  | | | |  |  | |  |  | | |  | | **Other services** | Service |  | | | | | Details |  | Tel. | | |  | | --- | |  | | | |  | | | | | | |  |  | | | |  |  |  | | | | Service | |  | | | | Details |  | Tel. | | |  | | --- | |  | | | |  | | | | | | |  | | | | |  | | |  | | |  |  |  | | |  | | Service | |  | | | | Details |  | Tel. | | |  | | --- | |  | | | |  | | | | | | |  | | | | |  | | |  | | |  |  |  | | |  | | Service | |  | | | | Details |  | Tel. | | |  | | --- | |  | | | |  | | | | | | |  | | | | |  | | |  | | |  |  |  | | |  | | Service | |  | | | | Details |  | Tel. | | |  | | --- | |  | | | |  | | | | | | |  | | | | |  | | |  | | |  |  |  | | |  | |

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| **Initial Assessment of strengths and needs**  Highlight what you assess the issues and needs overleaf for the family. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too. This will inform the decision as to whether it is eligible for an Early Help Assessment and multi- agency Team Around the Family (TAF) approach or an Early Help Targeted Support approach with a single agency including Family Support, Youth Support or Targeted Youth Support. Refer to the Leicester, Leicestershire and Rutland Thresholds document for examples of presenting needs: <http://llrscb.proceduresonline.com/pdfs/thresholds_access_services.pdf>  Eligibility Criteria for an Early Help Assessment:   * A family has 3 or more needs that are likely to impact on outcomes for children and young people * These needs are complex and are beyond the remit and capacity of a single agency response * A co-ordinated multi agency response is required working alongside universal services.   **Health** | | | |
| General health  Physical development  Speech, language and communication  Emotional and social development  Behavioural development  Identity, self-esteem, self-image  and social presentation  Family and social relationships  Self-care skills and independence |  | | |
| **Learning** |  | | |
| Understanding, reasoning and  problem solving  Participation in learning, education  and employment  Progress and achievement in learning  Aspirations |  | | |
| **Parenting and Safety** | |  |
| Basic care, ensuring safety  and protection  Emotional warmth and stability  Guidance, boundaries  and stimulation |  | | |
| **Family and environmental** |  | | |
| Family history, functioning and well-being  Housing and  financial considerations  Wider family  Social and community elements  and resources, including education |  | | |

**Initial Needs Identification Family Member Initials**

A1      C2

Key: A = Adult, C = Child

A2      C3

C1      C4

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| **Health** | **Needs identified**  A1 A2 C1 C2 C3 C4 |  | |
| Physical health |  | |  |
| Mental health |  | |  |
| Sexual health |  | |  |
| Healthy lifestyles |  | |  |
| Alcohol abuse  Drug abuse |  | |  |
| **Parenting and Safety** | **Needs identified**  A1 A2 C1 C2 C3 C4 | |  |
| Maltreatment, neglect, violence and sexual exploitation |  | |  |
| Basic care safety and protection |  | |  |
| Domestic Violence |  | |  |
| Committing of crime and anti-social behaviour |  | |  |
| Parental warmth, stability & guidance |  | |  |
|  |  | |  |
| **Education and Learning** | **Needs identified**  A1 A2 C1 C2 C3 C4 | |  |
| Ready for school, training and/or employment |  | |  |
| Attending school, training and/or employment |  | |  |
| Achieving expected milestones |  | |  |
| Positive recreational activities  Exclusions from school |  | |  |
|  |  | |  |
| **Family and Environmental** | **Needs identified**  A1 A2 C1 C2 C3 C4 | |  |
| Young carer |  | |  |
| Resilience to deal with challenges |  | |  |
| Positive relationships |  | |  |
| Inadequate housing Risk of eviction  Household budgeting issues / debt |  | |  |
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| **Comments** |

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| **Crime, Worklessness, Education, Health and Domestic Violence**   1. Have any members of the family been involved (either currently or within the past 12 months) in criminal activity or engaged with the criminal justice system e.g. anti-social behaviour, on license or supervision, serving a community order or in prison?   **Yes**  **No**  If yes please provide more information     1. Do any members of the family claim out of work benefits e.g. JSA?   **Yes**  **No**  If yes please provide more information     1. Are any young people within the family currently not in education, employment or training or at risk of being not in education, employment or training when they leave school?   **Yes**   **No**  If yes please provide more information     1. Is the family at risk of financial exclusion e.g. in significant debt or has significant rent arrears?   **Yes**   **No**  If yes please provide more information     1. Are there any children within the family who are experiencing attendance or behavioural issues at school?   **Yes**  **No**  If yes please provide more information     1. Do any members of the family (child or parent) have any health issues e.g. mental health, physical health, substance misuse, unhealthy behaviours?   **Yes**  **No**  If yes please provide more information     1. Have any members of the family (child or parent) experienced or perpetrated domestic violence or abuse?   **Yes**  **No**  If yes please provide more information    **Conclusions**  *Work with the child or young person and/or parent or carer, and take account of their views reflecting this below.* |
| **What are your conclusions?***(What are the child/young person’s/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others?)* |
| Strengths :  Needs/ worries:  Unmet Needs:  1.  2.  3.  More. |

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| What (if any) action or work has been undertaken already: |
| |  |  |  | | --- | --- | --- | |  | Child or young person’s comment on the request for Targeted Early Help Support |  | |  | | | |  |  |  |  | | --- | --- | --- | |  | Parent/ Carer’s or any other adult in the household comments on the request for Targeted Early Help Support |  | |  | | | | |

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|  | **Consent statement for information storage and information sharing**\*  “We need to collect the information in this Request for Targeted Early Help Support Form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with other services so that they can help us provide the support you need. If you do not want us to share your information with particular agencies, services or individuals, please state who these are below.  “We will treat your information as confidential and we will not share it with any of the organisations you have stated below unless we are required by law or unless you or any other person may come to some harm if we do not share it. We will only ever share the minimum information if necessary”  I understand the information that is recorded on this form will be stored and used for the purpose of providing services to: | | | | | | | | | | | |
|  | Me  This child or young person for whom I am a parent  This child or young person for whom I am a carer | | | | | | | | | | | |
|  | I have had the reasons for information sharing and information storage explained to me and I understand those | | | | | | | | | | | |
|  | reasons. | | | | | | Yes | | |  | No |  |
| I agree to the sharing of information with services as required.  *If you do not wish for this information to be shared with a specific service/practitioner, please note it below* | | | | | | Yes | | |  | No |  |
| |  | | --- | |  |   **Child, young person and/or parent/carer (please follow consent guidelines, page 12)** | | | | | | | | | | | | |
|  |
|  | Signed |  | Name |  | | Date | | |  | | | |
|  | Signed |  | Name |  | | Date | | |  | | | |
|  | Signed |  | Name |  | | Date | | |  | | | |
|  |  | | | | | | | | | | | |
|  | **Practitioner signature** | | | | | | | | | | | |
|  | Signed |  | Name |  | Date | | |  | | | | |

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| **Exceptional circumstances: concerns about significant harm to child or young person**  If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding procedures. www.lcitylscb.org/  If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care Duty and Advice Service on: 0116 4541004  You should always seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.** |

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| **Office Use Only** | | | | | |
| **Action agreed: Please state action followed:** | | | | | |
| **Family Support**  **EHDAS**  **(state who)** | **Family Support**  **Cluster**  **(state which)** | **No Further Action** | **Signpost to single agency**  **(state where)** | **Step up to Social Care** | **Early Help Assessment**  **(state cluster)** |
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| **Assessed by:** |
| **Date:** |

**Consent**

**The Key Principles of Consent**

Obtaining ***Informed***consent means to explain openly and honestly at the outset what information will or could be shared, and why, and seeking agreement.

Obtaining ***explicit***consent is good practice and written consent is preferable since that reduces the scope for subsequent dispute. For example, confidential information should only be recorded on the Early Help Assessment form if the child, young person and/or parent explicitly agree to this. If there is particular information that they do not want recorded on the form or shared with others, it should be recorded only in confidential case records.

Respect the wishes of children, young people and families who do not consent to share confidential information - unless in your judgement there is sufficient need to override that lack of consent. The child or young person’s safety and welfare must be the overriding consideration when making decisions on whether to share information about them.

FOLLOW LSCB

Procedures

Resident

Seek consent, if young person declines discuss

Need parent or carer consent

Under 12 yrs

Non Resident

Consult, seek consent if sufficient capacity

Consult, if conflict discuss with yp and resident parent

12 – 16 years

Always seek consent from young person

+ 16 years

There will be some circumstances where you should not seek consent from the individual or their family, or inform them that the information will be shared. For example, if doing so would:

* place a person (the individual, family member, yourself or a third party) at increased risk of significant harm if a child, or serious harm if an adult; or
* prejudice the prevention, detection or prosecution of a serious crime; or
* lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

Please send your referral to:

[Early-Help@Leicester.gov.uk](mailto:Early-Help@Leicester.gov.uk) or by secure email: [Early-Help@leicester.gcsx.gov.uk](mailto:Early-Help@leicester.gcsx.gov.uk)

Tel: 0116 4545899

For support with the Lead Practitioner Role or any other queries, please contact:

[Early.Help.Queries@leicester.gov.uk](mailto:Early.Help.Queries@leicester.gov.uk)

Tel: 0116 4541694

For all Early Help and Support documentation and further info, refer to:

[www.leicester.gov.uk/earlyhelp](http://www.leicester.gov.uk/earlyhelp)