

Early Help Family Support Assessment Guidance Notes v2.0

In order to ensure that all referrals are correctly dealt with and allocated to the correct services we have designed some basic notes for guidance when completing the EHFSA.

1. All assessments need to have formal signed consent from the parents/carers, we understand that getting signed copies of documents and scanning them in is difficult so we would ask that provided you have gained consent, by writing "consent gained" in the signature box we will be able to process the referral. Without this, assessments cannot be processed and this will hold up the time it takes to get the family allocated and the assessment sent on to other services.

2. If you are sending an assessment for Education Psychologist, Speech and Language or EHC assessments to take place, in the assessment it must be clear about which child in the family needs the assessment. The assessment must also include National Curriculum Levels or EYFS levels that the child is currently at, without this information the relevant services will not be able to prioritise the referral and this may lead to a delay in services.

3. Please fill out all the boxes on the EHFSA, these boxes do expand to allow you to put in as much information as possible. To get the most from the assessment please ensure that children's and parents views are taken into consideration as this will help with the decision on what services are provided.

4. Before completing the EHFSA, you may wish to enquire to see if there is a pre-existing CAF/EHA available for the child/family.

5. Some of the services available via the Single Point of Contact are listed below, if you are referring for a specific service then please state this clearly in the assessment:

- Speech and Language Assessment
- Mental Health Assessment
- Educational Psychologist Assessment
- Teenage Pregnancy
- Young Carers
- Youth Offending Service Prevention Team for those at risk of offending, committing anti-social behaviour or displaying concerning online behaviours.
- Family Support Complex (Formerly Streets Ahead, Troubled Families)
- Emerging Needs/Targeted Support and CFP
- Universal Services and Community Support
- TACAF
- Nursery Fees
- Child Online Exploitation Courses – for staff or children

N.B. – Other services/agencies may be referred to as part of a plan for the child or family in order to address any specific needs identified through assessment. For example Young Persons Drug and Alcohol Team, Job Centre, Fledglings etc. However these referrals will be made by the lead professional assigned to the case.

Southend on Sea Borough Council

Early Help Family Support Assessment v2.0

Personal Details of all Family Members						
Family Name						
Address (include postcode)						
Tel no's.					Date:	
Family members (list all at the address)	Date of birth	School/ Training/ Employment?	Nat. Ins. number	Unique Pupil No's.	Ethnicity	
					Choose an item.	
					Choose an item.	
					Choose an item.	
					Choose an item.	
					Choose an item.	
					Choose an item.	
					Choose an item.	
					Choose an item.	
					Choose an item.	
List all significant friends/extended family that frequently visit the family						
Name:		Name:		Name:		
Address:		Address:		Address:		
Name:		Name:		Name:		
Address:		Address:		Address:		
Use this section to tell us about the family; include significant history relating to the child/family (education, health, recent trauma, behaviour etc.). Be as comprehensive as possible to ensure the most appropriate services are put in place.						
What has led to this assessment?						
Type Here						
Are they new needs and concerns or have they been present for some time? (Include significant history relating to the child/family, education, health, recent trauma, behaviour etc.)						
Type Here						
How urgent are the needs/concerns?						
Type Here						
What is the impact/potential impact on the child?						
Type Here						
What services have previously been involved with the family?						
Type Here						
What support/interventions have been previously used/are currently being used?						
Type Here						
What impact did these services/interventions have on the family? If none, why not?						
Type Here						
What is the parent/carers understanding of the situation and to what extent have they engaged with services?						
Type Here						
What is life like for this child and family? What are the parent's views? What are the child's views?						
Type Here						
Any other information relevant to this assessment.						
Type Here						
Desired outcome/actions.						
Type Here						
Please list all criteria below that apply to the family				You Must list family member's names that apply, details etc.)		Official use only
CRITERIA 1	A child under the age of 18 who has committed a proven					

PARENTS AND CHILDREN INVOLVED IN CRIME OR ANTI-SOCIAL BEHAVIOUR	offence in the previous 12 months		
	Any member of the household who has received an anti-social behaviour intervention in the last 12 months; either in the community or school		
	An adult who has offended in the previous 12 months or is to be released from prison, who has parental responsibility		
	Adults or children referred by professionals because their potential criminal activity or offending behaviour is of concern		
CRITERIA 2 EDUCATION	A child who is persistently absent from school. Less than 90% attendance over last 3 consecutive school terms		
	A child who has received at least 3 fixed term or 1 permanent exclusion in the last 3 consecutive school terms		
	A child (under 18yrs) who is in an alternative provision due to their behaviour		
	A child who is neither registered with a school (not home education), nor being educated elsewhere (exceptions may include: Young Carers, Bereavement or serious illness/injury)		
	A child referred by an education professional as having difficulties in school and/or a level of concern (lateness, sudden drop in attn., unsuitable timetable, vulnerable etc.)		
	Any children in the household under 5 years old who is not accessing an early years setting		
CRITERIA 3 CHILDREN WHO NEED HELP	A child at risk of CEOP (Child Exploitation & Online Protection) through lack of internet safety, at risk of CSE or goes missing more than twice in 3 months		
	A child previously accommodated and has returned home from care		
	Children with emerging or unaddressed needs due to the parenting they are receiving		
	Children open as Children in Need (Section 17) or at risk of escalation to Social Care or a child de-escalated who has been subject to an enquiry under S.47		
	Children identified as having social, emotional and/or behavioural needs		
	A child identified as having a speech need (pronouncing, stuttering or articulation)		
	A child identified as a young carer (a child under the age of 18 years caring for an adult over 18 years old)		
	Any member of the household who may be susceptible to radicalisation		
	Children/parents/carers at risk of becoming homeless due no fault of their own, (i.e. fleeing domestic violence, landlord eviction/notice to quit etc.)		
CRITERIA 4 ADULTS OUT OF WORK OR AT RISK OF FINANCIAL EXCLUSION OR YOUNG PEOPLE AT RISK OF WORKLESSNESS	An adult in receipt of out of work benefits		
	An adult who is claiming Universal Credit and subject to work related conditions		
	A child who is about to leave school, has no or few qualifications and/or no planned ETE		
	A young person (over 18yrs) who is NEET		
CRITERIA 5 FAMILIES	Parents referred by professionals as being at significant risk of financial exclusion (e.g. risk of eviction, homelessness or rent arrears)		
	Any member of the household known to local services as currently experiencing or at risk of experiencing domestic or		

AFFECTED BY DOMESTIC VIOLENCE	sexual abuse		
	Any member of the household known to local services as having perpetrated an incident of domestic or sexual abuse in the last 12 months		
	Any member of the household suffering an impact on their emotional wellbeing associated with domestic or sexual abuse		
CRITERIA 6 PARENTS AND CHILDREN WITH A RANGE OF HEALTH PROBLEMS	A member of the family with mental health needs		
	A member of the family who uses drugs or alcohol		
	A new parent failing to thrive (mental health issues, substance misuse, postnatal depression etc.)		
	A member of the family with long term health conditions referred by health professionals		
	Families who find it difficult to access suitable health provision (i.e. not registered GP/Dentist/MH Services)		

Please include any additional information to support the above referral criteria (this box will expand as you type)

Type Here

Assessor's name		Organisation name	
Tel no.		Email	
Date of assessment			
Lead Professional's name		Organisation name	
Tel no.		Email	

Consent Statement for Information Storage & Information Sharing

Information collected as part of this Early Help Family Support Pre-Assessment form is so that we can understand the level of help and support you may need.

To ensure that you and your family are provided with the most effective support, it may be necessary to share/collect personal information about you and your family with our partner agencies / community groups, such as Children's Services, the NHS and other health providers (including GPs), Housing, Department of Work and Pensions, Police, Probation Services, Education and the Youth Offending Team. If more needs are identified during our checks than have been indicated on this assessment form we will contact the referrer to offer further services to you and your family.

In some circumstances, information can 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.

As the assessor I can confirm that I have discussed the referral process with the family and they are happy for me to share their personal information with the Early Help Family Support (EHFS) Service.

Assessor's Signature:	Name:	Date:

I agree to this referral and to my information being shared with the Early Help Family Support (EHFS) Service

Young person and/or parent/carer signature:	Name:	Date:

If Child Protection, send to: FCT@southend.gcsx.gov.uk

If Early Help Family Support, send to: earlyhelpcontactpoint@southend.gov.uk

For telephone enquires please call 01702 215783

For Official Use Only		
Referral Checks		
Capita One		Capita YJ

Prev. PBR		Prev. EHA	
Care First		Police	
Referral Destination			
Universal			
Single Agency			
TACAF			
DV			
Missing	Absent	Missing	High Med Low
ASB Crime			
Emerging needs			
Multiple needs			
Social Care			
Other			
Notes (give full details of your reasons for destination of referral)			
Type Here!			
Case Number:	PH		