LUTON BOROUGH COUNCIL

EARLY HELP ASSESSMENT FORM

Date assessment started:_____ Date assessment form submitted:_____

1. Information on child, young person, or unborn

Given name (s):						Family name:	
Male		Female		Unknown		AKA/previous names:	
Address:							
						Date of birth or EDD:	Age:
						Contact tel. no.	
Postcode:						Unique ref. no.	Version no.

White		**Black or Black British**		**Asian or Asian British**		**Mixed/Dual Background**		**Chinese & Other**	
White British		Caribbean		Indian		White & Black Caribbean		Chinese	
White Irish		African		Pakistani		White & Black African			
Traveller of Irish Heritage		Any other Black background*		Bangladeshi		White & Asian		Any other ethnic group*	
Gypsy/Roma				Any other Asian background*		Any other Mixed background*		Not given	
Any other White background*									

*If other ethnicity, please specify		Immigration status	
Child's first language		Parent's first language	
Details of any special requirements (for child and/or their parent) e.g. signing, interpretation or access needs			

2. Details of parents/carers

Name		Email
Relationship to unborn/child/young person		Address
Parental responsibility (yes/no)		Postcode:
Contact tel. no.		

Name		Email
Relationship to unborn/child/young person		Address
Parental responsibility (yes/no)		Postcode:
Contact tel. no.		

3. Services working with this infant, child or young person

GP Name		EY/schools/FE/Training	
Tel		Tel	
Details		Details	

Other current services				Other previous services		
Name	Details	Tel		Name	Details	Tel

4. Details of person(s) undertaking assessment

Name		Email
Job title		Address
Employing organisation		
Contact tel no.		
Type of setting		Postcode:

5. Assessment information

People present at the assessment	Their family or professional role

What has led to this unborn baby, child or young person being assessed?

6. Current family and home situation

Names, relationship and date of birth for all adults and children at the child's home address		Names, relationship and date of birth for all significant adults and children not at the child's home address

7. Development of unborn baby, child, or young person

LEARNING	Participation in learning, education, or training (engagement levels) **What level of school attendance has the child/young person achieved?**
	Progress and achievement in learning **Is the progress and attainment age appropriate?** **Are there any additional needs to consider?**
	Interaction with learning opportunities and aspirations
	Risk of anti social behaviour **Are there any criminal convictions or current orders in place and what are they?**
	Is there any indication that the child/young person is vulnerable to the influences of radicalisation or violent extremism?

HEALTH	General health, self care, and independence **Is the child/young person attending all routine and other check ups and appointments?**
	Physical, speech, language and communication development
	Emotional development
	Behavioural development
	Identity, self esteem, self image, social presentation
	Social relationships within and outside of the family

PARENTS AND CARERS	Basic care, ensuring safety and protection
	Emotional warmth and stability
	Guidance, boundaries and stimulation
	Parent/carers mental and physical health **Are there any indicators for mother's mental health? What are they?**
	Family and social relationships
	Parent/Carers own experience of social care as a child/young person **Has any parent/carer experienced abuse or social care intervention as a child/young person?**

	What is the academic experience of parents/carers?

FAMILY AND ENVIRONMENT	Family history and functioning **Is there any indication of domestic abuse?**
	Wider family or others that influence the child/young person or family life
	Housing, heating, employment status, managing budget or debt **Is there income deprivation, what is the impact of this?**
	Social and environment elements, access to community resources
	Substance misuse in the household or by significant family members
	Anti social behaviour, criminal offences **What is the type and nature of any offending/ASB by significant people in the child/young person's life?**
	Are there any indications that the child/young person is at risk of being sexually exploited? (If so, please attach the completed CSE Risk Assessment tool) **http://lutonlscb.org.uk/child_4_3465572635.pdf**

8. Summary and solution ideas

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 & Resources:
Needs/ worries:

(Include the child/young person's, parent/carer's and practitioner's views)	
What changes are wanted?	How can change happen?

Child or young person's comment on the assessment and next step activities

Parent or carers's comment on the assessment and next step activities

9. Consent to share information

Consent statement for information storage and information sharing

"We need to collect the information in this CAF 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 organisations so that they can help us to provide the services you need."

"We will treat your information as confidential and we will not share it with the organisations listed below unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

☐ Me

☐ The infants, children or young people for whom I am a parent

☐ The infants, children or young people for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons.	Yes		No	

I agree to the sharing of information, as explained, <u>excluding</u> the services listed below:

Signed	Name	Date
Assessor's signature:		
Signed	Name	Date

Exceptional circumstances: concerns about significant harm to infant, 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 children procedures. The LSCB procedures are set out on: **www.lutonlscb.org.uk**

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. You should 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.**

These referral processes are set out on: **www.lscb.org.uk**

10. Specialist services or resource requests

Request for resources from specialist services:

Children with Disabilities	
Channel Panel	
Child Sexual Exploitation Panel	
Stronger Families	

Please return the form via either email: EHA@luton.gcsx.gov.uk fax: 01582548232 or post: Early Help Assessment Team, Futures House, The Moakes, Luton, LU3 3BQ