

Before starting an EHA contact the Early Help Coordinators (email earlyhelpassessments@northtyneside.gov.uk or 0191 643 8178) to check whether there is already one in place, which may in turn save you from having to complete one.

North Tyneside Early Help Assessment

Agreement of Service Form

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| **Family Name** |  |

*Remember this form needs to be filled in as part of the assessment, as it gives you permission to contact other agencies*

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| **Parent/Carer with PR** | The Agreement of Service Form needs to be signed and dated by a parent/carer with PR with handwritten signatures or an email from the parent/carer stating they have read through the EHA, are happy with the content, and agree the EHA can be logged by the EH Coordination Team.  |
| **Signature** |  |

* I have been given and understood the leaflet on Information Sharing and in signing this form I am agreeing to receiving the service and that my personal information and that of the children I have parental responsibility for, can be shared with other agencies as required, to ensure I receive the best service and support
* I agree to North Tyneside Council sharing my household data with other Government bodies*(please cross out if you do not agree to this data sharing)*

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| **Name** | **Signature** | **Date** |
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| When completing an EHA with the family, explain what it is you are doing and why, show them the EHA paperwork, consent leaflet etc, and talk them through it so that it’s not intimidating for them. Explain the EHA is a whole family assessment to bring together a team to give them support. It may take more than one attempt for the family to agree so please don’t give up, families can be distrusting of services based on previous negative experiences they may have had. The family may need ‘winning round’. If at first you don’t succeed, try, try again! |  |  |
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**North Tyneside Early Help Assessment**

This is your family’s assessment and should be completed with the **whole** family to include their views, *including all the children in the household*. The Team Around the Family (TAF) is more likely to be effective if they understand the purpose and play an active role from the beginning.

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| **Family Name** | **Surname** Complete the family address. Have you or another professional visited the family home? Are there any worries around the home not meeting the current needs of the family? You could be missing something if you haven’t seen the family home.  |
| **Family Address** | 19 Home Address |
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| **Post Code** | NE27 0BY |
| **Telephone no** | Telephone numbers |

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| **Children/Young People Involved** (*a dependent child is defined as anyone under the age of 18*) |
| Name | DoB | GenderM/F | Relationship | Religion | Ethnicity | 1st Language | DisabilityY/N | School/Nursery | EHCPY/N |
| Child 1 | 12/07/2007 | M | Son | Catholic | White British | English | Y | Secondary School | Yes |
| Child 2 | 06/11/2010 | F | Daughter | Catholic | White British | English | N | Secondary School | No |
| Child 3 | Unborn | M | Son |  |  |  |  |  |  |
|  |  |  |  |  |  |  | An EHA is a whole family assessment which means you should include all the children. Please remember to complete all of the boxes as EH Coordination require this information to create each family member on the EH database. |  |  |
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| **Who is important to this family**? (***Include parents’ details*** and *all those individuals aged 18 or over, living in or outside the family home, include family/friends)* |
| Name | DoB | GenderM/F | Relationship | Religion | Ethnicity | 1st Language | DisabilityY/N |
| Parent 1 | 12.04.1998 |  |  |  |  |  |  |
| Parent 2 | 15.11.1990 |  |  |  |  |  |  |
| Aunt Family | 08.09.1987 |  |  |  | Include details of parents, adult siblings, and family and friends who are part of the network. The network is important in supporting the family to move forward and address their needs.  |  |  |
| Grandad | 15.12.1969 |  |  |  |  |  |  |
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| Do any of the children have a caring responsibility? |  |
| Has a Young Carer’s Needs Assessment been offered? | These questions will help to identify whether the family require other support.  |
| Is a Young Carer’s Needs Assessment in place? |  |
| Has the family got leave to remain? |  |
| **Leave to Remain: The individual/family have permission to stay in the UK for a specific period of time where activities are limited to the restrictions of their visa. Indefinite Leave to Remain (ILR) is where the individual/family have permanent lawful status in the UK as a settled person and are no longer subject to immigration control.** |  |
| *Please ensure the above needs are reflected in the plan.* |

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| **Services involved with the family** (*please complete as fully as possible*) |
|  | Name | Role | Contact Details | Contributed to the Assessment? |
| GP | Dr Tom | GP | 20 Doctor Road | Yes – provided a summary via email |
| Nursery/School (s) | Head of Year | Secondary School Head of Year | Secondary School | Yes |
| Midwife | Midwife | 0-19 | Riverside Family Hub | Yes |
| Health Visitor |  |  |  |  |
| Public Health School Nurse |  |  |  |  |
| CAMHS |  |  |  |  |
| Housing |  |  |  |  |
| Harbour | Ms Harbour | Outreach Worker | Tel: 0191 1233212 | YesInclude details of all professionals who are currently supporting the family completing as much information as possible. There are additional boxes at the bottom of the table to add professionals.  |
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| **Presenting Issues** | Yes |  | **Presenting issues continued** | Yes |
| 1.1 | Education Attendance <90% |  | 6.2 | Child going missing from home |  |
| 1.2 | Education Attendance <50% |  | 6.3 | Child Sexual Exploitation (CSE) at risk or experiencing CSE |  |
| 1.3 | Education Behaviour including exclusions |  | 6.4 | Child Criminal Exploitation at risk or experiencing |  |
| 1.4 | Child with unmet Special Educational Needs and disability (SEND) | X | 6.5 | Child experiencing harm outside of the family home |  |
| 2.1 | Expectant or New parent/carers who require support | X | 6.6 | Child Radicalisation - at risk of or affected by |  |
| 2.2 | Child (0-5) Physical health needs not met |  | 7.1 | Adult Anti-Social Behaviour (ASB)/Crime |  |
| 2.3 | Child (0-5) Developmental needs not met |  | 7.2 | Child Anti-Social Behaviour (ASB)/Crime - At risk |  |
| 3.1 | Child Mental Health needs support |  | 7.3 | Child Anti-Social Behaviour (ASB)/Crime |  |
| 3.2 | Adult Mental Health needs support |  | 8.1 | Family affected by domestic abuse (DA) | X |
| 3.3 | Adult or Child Physical Health Issues or learning disabilities needing support |  | 8.2 | Adult Perpetrator of Domestic Abuse |  |
| 4.1 | Adult Drug and/or Alcohol problem |  | 8.3 | Child affected by Domestic Abuse |  |
| 4.2 | Child Drug and/or Alcohol problem |  | 9.1 | Temporary accommodation |  |
| 5.1 | Parents/carers require parenting support | X | 9.2 | Housing Issues including eviction/at risk of |  |
| 5.2 | Parental conflict |  | 9.3 | 16/17-year-old at risk of or excluded from homeIt is important to select the Presenting Issues (the reason/s you are starting the EHA so everyone who is part of the Team Around the Family (TAF) including the family, and EH Coordination can clearly see what the worries are. This will help everyone to think about next steps to support the family.  |  |
| 5.3 | Child to parent/sibling violence and abuse (children & young people aged 10 & over) |  | 10.1 | Any adult in the family is workless |  |
| 5.4 | Young Carers needing support |  | 10.2 | Family need support with finances/have unmanageable Debt |  |
| 6.1 | Emotional, physical, sexual abuse, neglect (historic or current) |  | 10.3 | Young person is not in employment education or training (NEET) |  |

**3 Columns - Please record in detail, not bullet points. Use additional sheets if required.**

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| **What are we worried about?** | **What is working Well?** | **What needs to happen?** |
| **There is lots of rubbish in the front garden which is stopping the children being able to play out.****Attendance for all children is below 89%.****Family is at risk of eviction as parents are not paying rent on time.** **Parents have numerous debts.** | **An appointment has been arranged at the customer service centre for financial advice.****Father’s care coordinator has started a care assessment and looking at what support can be implemented to reduce the caring role and ensure Father’s Day to day needs can be met.** | **Children are able to play outside in a safe environment.****Parents paying rent and all bills on-time.****Children are not burdened by a caring role.****Children need to be in school every day, so they are able to get a good education and make friends.** |
| **Danger Statement** | **Safety Goal** |
| **We are worried about the children’s appearance, they are not always in school, and professionals don’t know where they are or if they are safe.**Remember that an EHA is a holistic assessment that considers the needs of all the children/family members *alongside*:* the home environment
* health
* education
* parenting etc.
 | **Children are in school everyday learning and enjoying lessons, making the most of their education. Adult 1 is well cared for and has care support in place. Bills are being paid and a budget plan is place.**There are some helpful Signs of Safety questions and tools on the website if you go to: [Early help | North Tyneside Council](https://my.northtyneside.gov.uk/category/500/early-help)Search under Supported documents.  |

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| **How have you included the voice of the children?** *(Use additional children’s tools if required which can then be attached e.g. 3 Houses}* |
| Please make sure you capture child’s voice for all children who are included in the EHA. For non-verbal children this could be an observation, one-page profile from nursery. Older children can be invited to a TAF meeting, and they can write their views on the form; or you can use other Voice of the Child (VOC) tools. Please take a look at the EH website page - [Early help | North Tyneside Council](https://my.northtyneside.gov.uk/category/500/early-help)Please include/attach these in the paperwork when submitting it to the EHC team. Encourage other members of the TAF to use the tools with the children they are connected with to ensure the meeting captures all the children’s voices.  |

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| **Scaling** |
| **On a scale of 0 – 10, where 10 means we are not worried at all about this situation and 0 means we are very worried, I currently rate the situation at:** |
| **Name of person scaling:** | **Number scaled at:** | **Reason for that number:** |
| Child 1 | 8 | **I think most things are ok, I just want dad to get help that he needs. I know school is important but some days I just want to be with my dad, I will try to get my attendance better.** |
| Head of year – secondary school | 5 | **I am worried about how much school the children are missing and this is impacting on their education, attainment, and friendship groups.** |
| Adult 1 | 3 | **I feel so bad that my family must look after me all the time, I can see them finding it hard and the kids are so worried about me they don’t like going to school. I am worried they won’t get a good education but not sure how we can make this better** |
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**NB: Please remember this should be completed individually with everyone involved in the family.**

When scaling 0-10 remember that 0 is what you’re worried about and 10 is what you would need to see to be less worried. Your number may reflect how many presenting issues there are.

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| **Action Plan** |
| **Which presenting issue does this link to?** | **What needs to happen?** | **Who will do this?** | **When will this happen by?** |
| **1.1** | From Monday all children to be in school every day unless they have a doctor’s note. Starting tonight Adult 1, 2 and all children to get school uniform and bags ready for the next day. | Adult 1 and Adult 2, All children | Starting Monday – by next TAF all children’s attendance to be at least 90%Monday HOY to agree action plan. |
| **5.4** |  |  |  |
| **9.2** |  |  |  |
| **10.2** |  |  |  |
|  |  | Make sure the Action Plan is SMART, add dates and specific actions to enable the family to achieve the objective e.g. if school attendance needs to improve, break this down into smaller, specific, more attainable actions that will help to improve this, with timescales.Ensure that the actions reflect the presenting issues that have been identified are agreed by all.To make it easier, book the next TAF meeting at the review meeting where everyone is present. |  |
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(Include the *specific* actions required to meet the needs identified in the 3 columns, including details of actions relating to individual family members and who will carry them out)

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| **Next TAF Review Date** |  |

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| **Who has completed this form?** |
| **Author Name & Role** | Head of YearWherever possible, the person who best knows the family should complete the EHA, this maybe someone that the parent has approached to ask for help or someone that the parent later nominates. The lead can be transferred at a later date if required. |
| **Author Address** | Secondary school |
| **Author Telephone Number** | 0191 2862121 |
| **Author Email Address** | headofyear@secondaryschool.org.uk |
| **Date Form Completed** | 03.10.2022 |

Fill in all the boxes including the author, date and signatures.

Ensure parents get a copy of the EHA by at least the next TAF meeting.

The first TAF should happen within 6 weeks, with reviews every 6-8 weeks thereafter. There may be exceptions to this so just ensure the EHC team are aware to expect a delay and the reason for this.

Don’t forget to send a copy of the EHA, and the EH Review/Exit paperwork to the Early Help Coordination Team (EHC) via earlyhelpassessments@northtyneside.gov.uk otherwise someone else may end up completing a second EHA on the family because they didn’t realise one was already in place.

Once you have completed this form, if you have secure email, please send to: **earlyhelpassessments@northtyneside.gov.uk**

Alternatively, please send a copy via post or courier to:

**Early Help Assessment Team, North Tyneside Council, Quadrant East, Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY.**

**Courier code: D1**

**If you would like advice, guidance or help troubleshooting when completing this EHA, help identifying what services may be available or help with the Early Help Process please call the Early Help Team on 0191 6438178**

*(Please remember to continue to follow the EHA process. This is not a referral form)*

**EH Review/EXIT**

 **TAF 6 weekly review and plan for:**

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| **Date:**  | **14.11.2023** |
| **Review number:** | **1** |
| **Date of original EHA:** | **03.10.2023** |

The EH Review paperwork is the minutes of the TAF, which can be handwritten and completed during the meeting if easier.

The family should attend the TAF so ensure they are invited.

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| **Name of the lead worker** | **Head of Year – Secondary School** |
| **Contact email and phone number** | headofyear@secondaryschool.org.uk 0191 2862121 |

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| **Name of the family** | **Date of Birth** | **How have they contributed to this review?** |
| **Child 1** |  | **Attended TAF and VOC attached** |
| **Child 2**  |  | **VOC attached** |
| **Child 3** |  | **VOC attached** |
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**TAF Details**

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| **Members of the TAF (insert lines as required)** |
| **Name** | **Agency** | **Contact details** | **How have they contributed to this review?** |
| **Parent 1** |  |  | **Attended TAF** |
| **Parent 2** |  |  | **Attended TAF** |
| **Midwife Name**  |  |  | **Attended TAF** |
| **GP Name** |  |  | **Attended TAF** |
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| **Presenting Issues** – is this still an area of concern? | Y |  | **Presenting issues** - continued | Y |
| 1.1 | Education Attendance <90% |  | 6.2 | Child going missing from home |  |
| 1.2 | Education Attendance <50% |  | 6.3 | Child Sexual Exploitation (CSE) at risk or experiencing CSE |  |
| 1.3 | Education Behaviour including exclusions |  | 6.4 | Child Criminal Exploitation at risk or experiencing |  |
| 1.4 | Child with unmet Special Educational Needs and Disability (SEND) |  | 6.5 | Child experiencing harm outside of the family home |  |
| 2.1 | Expectant or New parent/carers who require support |  | 6.6 | Child Radicalisation - at risk of or affected by |  |
| 2.2 | Child (0-5) Physical health needs not met |  | 7.1 | Adult Anti-Social Behaviour (ASB)/Crime |  |
| 2.3 | Child (0-5) Developmental needs not met |  | 7.2 | Child Anti-Social Behaviour (ASB)/Crime – At risk |  |
| 3.1 | Child Mental Health needs support |  | 7.3 | Child Anti-Social Behaviour (ASB)/Crime |  |
| 3.2 | Adult Mental Health needs support |  | 8.1 | Family affected by domestic abuse (DA) |  |
| 3.3 | Adult or Child Physical Health Issues or learning disabilities needing support |  | 8.2 | Adult Perpetrator of Domestic Abuse |  |
| 4.1 | Adult Drug and/or Alcohol problem |  | 8.3 | Child affected by Domestic Abuse |  |
| 4.2 | Child Drug and/or Alcohol problem |  | 9.1 | Temporary accommodation |  |
| 5.1 | Parents/Carers require parenting support |  | 9.2 | Housing Issues including eviction/at risk of |  |
| 5.2 | Parental conflict |  | 9.3 | 16/17-year-old at risk of or excluded from home |  |
| 5.3 | Child to parent/sibling violence and abuse (children & young people aged 10 & over)  |  | 10.1 | Any adult in the family is workless |  |
| 5.4 | Young Carers needing support |  | 10.2 | Family need support with finances/have unmanageable Debt |  |
| 6.1 | Emotional, physical, sexual abuse, neglect (historic or current) |  | 10.3 | Young person is not in employment education or training (NEET) |  |

At every EH Review/TAF, please select the current presenting issues; across TAFs it may be that presenting issues change as some are addressed and/or there are new worries.

**3 Columns - Worries and What’s working well:**

**Please record in detail, not bullet points. Use additional sheets if required**

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| **What are we worried about?** | **What’s working well?** | **What needs to happen?** |
| **The garden is still a mess, children are not getting enough time or opportunities to play out or socialise with their friends.** | **Adult 1 has started receiving care at home which is helping Adult 2 to have more time to keep house clean and ensure the children have clean clothes.****All children’s attendance has improved.** | **Explore ways to enable the children to get out and play with friends or groups/activities that they want to take part in.** |

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| **Danger Statement** **We are worried about the children’s appearance, they are not always in school, and professionals don’t know where they are or if they are safe.**The EHA is not a stagnant document, it is an on-going assessment that can change and be added to. Use the EH Review document to record any changes, new worries, what has worked well and anything that needs to be changed.The Danger Statement and Safety Goal should also be reviewed, if there are no changes this can be copied and pasted in.   | **Safety Goals****Children are in school everyday learning and enjoying lessons, making the most of their education. Adult 1 is well cared for and has care support in place. Bills are being paid and a budget plan is place.** |

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| **How have you included the voice of all the children?** Use additional children’s tools if required, which can then be attached e.g. 3 HousesSee attached VOC for all children. Child 1 also attended the TAF and shared their views.  |

**Scaling**

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| **On a scale of 0 – 10, where 10 means we are not worried at all about this situation and 0 means we are very worried, I currently rate the situation at:** |
| Name of person scaling: | Number scaled at: | Reason for that number: |
| Child 1 | 9 | My dad is much happier now he has help at home and my mam is way less stressed. I am in school more which means head of year is off my back a bit. |
| Head of year | 7 | It is great child 1 has got attendance up but he still has a way to go. |
| Jimmy John | 7 | Attendance has improved but there are still worries about the garden. |
| Adult 1 | 8 | Happy to be receiving care at home, things are better, but things still need to be done. |
| Adult 2 | 8 | Things are much easier with help at home, but the home still needs work. |
|  |  | Everyone at the TAF meeting should be involved in scaling.  |
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**NB: Please remember this should be completed individually with everyone involved in the family.**

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|  **Action Plan** |
| **Which presenting issue does this link to?** | **What needs to happen?** | **Who will do this?** | **When will this happen by?** | **Completed** |
| 1.1 | Attendance to increase to over 90% | Children and parents | By the end of term 23/12/2022 |  |
| 9.2 | The garden needs to be tidied so the children have somewhere to play. | Adult 2 | By the end of term 23/12/2022 |  |
|  |  | Ensure actions continue to be SMART and relate to the identified presenting issues.  |  |  |
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(Include the *specific* actions required to meet the needs identified in the 3 columns, including details of actions relating to individual family members and who will carry them out)

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| **If you are completing an EH Review with a further TAF arranged, we do not require signatures from parents/carers.****As the lead worker for the EHA please can you add your signature to confirm the family have been given a copy of this EH Review and have contributed to and agreed the content of this plan.**  |
| Lead Worker’s signature:  |  | Date: |  |

We no longer require written signatures from parents/carers on the EH Review as long as you can confirm the above statement. The lead/partner signature must be included and be a handwritten signature.

If a further TAF is to be arranged, please agree the date at the end of the TAF and add in the box ‘Next Review Date’.

When the EHA is ready to close, please complete the ‘Reason for Closure’ table below and include written signatures for both the lead/author and the family.

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| Next review Date: |  |

**If t**

**EH EXIT**

**If this is your exit, please complete the ‘Reason for Closure’ and ‘Signature’ tables below:**

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| **Reason for Closure:** |
| **EHA / TAF closed due to all needs being met** | **Yes/No** |  |
| **EHA / TAF closed due to most needs being met and a single agency will continue support** | **Yes/No** |  |
| **EHA / TAF closed due to transition to Social Care.** | **Yes/No** |  |
| **EHA / TAF closed as the family have moved out of area** | **Yes/No** |  |
| **EHA / TAF closed for another reason (please specify)** | **Yes/No** |  |

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| **Signatures to confirm the family and TAF have agreed the EHA will close:** |
| Child/young person’s signature: |  | Date: |  |
| Parent’s/Carer’s signature:  |  | Date: |  |
| Lead Worker’s signature:  |  | Date: |  |

Please send a copy of the EH Review/EXIT to the Early Help Coordination team using the email address earlyhelpassessments@northtyneside.gov.uk – you can also post this to us.