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| **Early Help Assessment and Plan (EHAP)** |
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|  **1.The Agreement**

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| **Why we are working with your family**Together we want to find out: -* what led to you asking for help
* what is already working well
* what you are worried about
* who is affected
* who can help us when life gets difficult
* what needs to happen next
 | **How we will work together** Together we will: -* show respect for each other
* be open and honest in our conversations
* take time to think about what life is like for your family and what is changing
* build up positive relationships for the family that will last over time
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**What we will do**Together we will:* find the best way to support your family
* agree how to share information with others who may be able to help us e.g., Health Visitors, GP’s, or Schools.
* attend meetings to discuss what is working well and what could be better
* record and store securely all conversations, assessments, and plans that we agree on
* allow Newcastle City Council to use information we gather to track and improve services
* contact Children’s Social Care, if we believe a child or young person in your family is suffering or may suffer harm

For more information about how your personal data is used see [Privacy Notice | Newcastle City Council](https://www.newcastle.gov.uk/local-government/access-information-and-data/open-data/privacy-notice)  |
| **Parent signature/verbal agreement given:**[ ]  | **Date:** | **Child/Young Person signature/ verbal agreement given** [ ]  | **Date:** |
| **Practitioner signature:****Signed:** | **Date:** | **Agency:** |

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| **2. Details of the family and their support networks** |
| **Address:****Postcode:** |
| **Parents/carers and other people living at the home address** \*please add extra rows where needed. **PR = Parental responsibility** |
| **First Name** | **Surname** | **DOB** | **Relationship to the child(ren)**  | **Part of the assessment?**  | **PR?** | **Contact details** | **Identifies as?****Gender** | **Disability or Additional Needs?** | **National Insurance** Number | **NHS** Number | **Ethnicity** | **First Language** | **Religion** |
|  |  |  |  | Choose an item. | Choose an item. |  |  |  |  |  |  |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |  |  |  |  |  |  |

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| **Children and other people living at the home address**  |
| **First Name** | **Surname** | **DOB** | **Relationship** | **School / Nursery** | **Identifies as?****Gender** | **Disability or Additional Needs?** | **NHS** Number | **eCAF** Number | **Capita** Number | **Ethnicity** |
|   |   |  | **Child** |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
| **Person completing the assessment** |
| **Name**  | **Role / Position**  | **Agency / Service**  | **Contact details** |
|   |   |   | **Tel**:  | **Email**:  |
| **Signed**  | **Date**  |
|   |   |
| **Details of other Parent / Carer / Significant others, including siblings who live at a different address** (please provide details of any other people connected to the family who are important to them e.g. grandparents, wider family, and neighbours or friends) \**see note re agreement to share this personal data*  |
| **First Name** | **Surname** | **Address** | **Relationship to child**Parental Responsibility? | **DOB/AGE** (for children only) |
|   |   |   |   |   |
|   |   |   |   |   |
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| **Agencies or services already working with or regularly in touch with the family** \*please add extra rows where needed. |
| **Name**  | **Agency**  | **Job role**  | **Contact details**  | **Email**  |
|   | GP  |   |   |   |
|   | School /nursery  |   |   |   |
|   |   |   |   |   |

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| **Guide to the scores**  |
| **1** | **2** | **3** | **4** | **5** | **N/A** |
| *We are overwhelmed and are taking no action.**We are at a loss and don't know what to do about it* | *We would welcome help and support but don't know where to start.**We welcome the help and support but it's difficult to follow the help offered all the time* | *We need lots of guidance but are keen to listen. We understand that for us to make a change we need to be consistent.**We do more things for ourselves, and are starting to see progress towards what we want our family to be like* | *We are beginning to lead our family by ourselves and things are starting to feel more positive.* *Things are much improved, and we have plans in place that we are responsible for* | *We have achieved all the goals that we set at the beginning of our family plan.**We continue to achieve all our goals together as a family without help from outside agencies* | This is not an issue for the family / no concerns /not applicable  |
| **No progress** | **Very limited progress** | **Some progress** | **Significant Progress** | **Resolved** | **Not applicable**  |

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| **3. Strengths and Needs - where we identify what we are worried about and what is working well**  Record your view of the family’s strengths and areas of concern, based on your conversations with all members of the family and professionals working with them – record any significant differences of opinion under the relevant heading- see guidance on tools and methods for capturing the child’s lived experience Complete using the scales to indicate the level of concern about each area (see notes above for guidance 1= no progress, 5= resolved) |
|  Record strengths and areas of concern |
| **Improved mental and physical health (**of anybody in the family)What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why?  |  |
| **School attendance/ behaviour:** Nursery, school, college, training, stimulation at home, parent/carer ability to meet these needs What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why?  |  |
| **Child development:** What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why?  |  |
| **Improved Family relationships**: are parents or children expressing any concerns about relationships within the home? Has concern been raised about parenting styles? What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why?  |  |
| **Financial stability:** does the family have enough income to live on? Are they in receipt of correct benefits e.g.Disabilty Living Allowance? Are debts an issue for this family? What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why?   |  |
| **Housing is safe, secure, and suitable:** is the housing suitable for the family’s needs and are the home conditions safe and suitable for children? How are things going for the family? What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why? *.* |  |
| **Children safe from abuse or exploitation** have any members of the family been affected by recent or historic abuse or exploitation? What is working well (strengths | Choose an item. |
| What needs to change (goals) and why?  |  |
| **Safe from domestic abuse** is the family affected by current or past parental conflict or domestic abuse? What is working well (strengths)?   | Choose an item. |
| What needs to change (goals) and why?  |  |
| **Recovery and reducing harm from substance use**: is anyone in the family affected by untreated or unstable substance (drug or alcohol abuse) What is working well (strengths)?   | Choose an item. |
| What needs to change (goals) and why?   |  |
| **Families diverted from crime** family members’ involvement in crime or anti-social behaviour and their willingness and ability to change this. What is working well (strengths)?  | Choose an item. |
| What needs to change (goals) and why?   |  |

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| **4. Action Plan**- where we say what needs to happen to support the family to achieve their goals, who will be responsible for each action, the timeframeand identify who else can help |
| **Concern area** | **Tick** | **Goal and action to be taken** (only include detail for areas of concern that are identified in section 3) | **Who will do it?**  | **By when?**  | **Who else can help with this? TAF invitation?**  |
| *Improved mental / physical health* |[ ]    |   |   |   |
| *School attendance/ behaviour* |[ ]    |   |   |   |
| *Improved Family relationships* |[ ]   |  |  |  |
| *Child development* |[ ]    |   |   |   |
| *Financial stability* |[ ]    |   |   |   |
| *Housing is safe, secure, and suitable* |[ ]    |   |   |   |
| *Children safe from abuse or exploitation* |[ ]    |   |   |   |
| *Safe from domestic abuse* |[ ]    |   |   |   |
| *Recovery and reducing harm from substance use* |[ ]   |  |  |  |
| *Families diverted from crime* |[ ]    |   |   |   |

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| **4 a) Parent(s) comments on the assessment and the agreed actions**  |
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| **4 b) Child(ren) / young person(s) comments on the assessment and agreed actions** |
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| **4 c) final comments by Lead Practitioner on the assessment and agreed actions**  |
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| **Next steps** Send your completed Initial Assessment for Early Help to earlyhelpplan@newcastle.gov.uk You will receive an acknowledgement. For further enquiries contact Early Help Access Point / [Children and Families Locality Hub](https://www.newcastle.gov.uk/services/care-and-support/children/getting-help-children-and-families/early-help-your-family) |
| **Close Assessment and Plan** | **Yes** [ ]  | **No** [ ]  |
| **Progress to Team around the Family (TAF)**  | **Yes** [ ]  | **No** [ ]  |
| **Date of 1st EHAP review meeting**  |   |
| **Suggested Lead Practitioner**  |   |
| **Review meeting date**  |   |

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|  | **Possible outcomes of EHAP** | **Please check the appropriate box** |
| **A** | **EHAP completed – EHAP review arranged** (no eCAF outcome required) |[ ]
| **B** | **EHAP not complete- stepped down to EIC** (no eCAF outcome required) |[ ]
| **C** | **EHAP completed – TAF not required – needs met through single or dual agency engagement** (eCAF outcome 1/2) |[ ]
| **D** | **EHAP incomplete closed - Not managed to engage family**(eCAF outcome 3) |[ ]
| **E** | **EHAP closed - Step up to CSC**(eCAF outcome 4) |[ ]
| **F** | **EHAP closed – family moved out of Newcastle** (eCAF outcome 5) |[ ]