**EARLY SUPPORT MULTI-AGENCY**

**ASSESSMENT and REFERRAL**

|  |  |  |
| --- | --- | --- |
| **Name of Worker completing Assessment** |  | **Email Address** |
|  |  |  |
| **Role/Job Title** |  | **Contact Telephone** |
|  |  |  |
| **Agency/Service/Team** |  | **Address** |
|  |  |  |

|  |
| --- |
| **1. FAMILY / HOUSEHOLD / SIGNIFICANT PEOPLE DETAILS** |

Details of all children/young people

(To add additional rows, right click in the final row, click ’Insert’, ‘Insert Rows Below’)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address & Contact Number** | **DOB / EDD** | **Gender**  **M / F** | **Disability** | **Ethnicity** | **Relationship between children/**  **young people** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Family/household members

(To add additional rows, right click in the final row, click ’Insert’, ‘Insert Rows Below’)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address & Contact Number** | **DOB / EDD** | **Gender**  **M / F** | **Ethnicity** | **Parental Responsibility (PR)** | **Relationship to each child/young person** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Other significant people not living in the household

(To add additional rows, right click in the final row, click ’Insert’, ‘Insert Rows Below’)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Address & Contact Number** | **DOB / EDD** | **Gender**  **M / F** | **Ethnicity** | **Parental Responsibility (PR)** | **Relationship to the relevant child/young person** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Communication needs (including language) regarding any of the people to be included in this assessment.

|  |
| --- |
|  |

|  |
| --- |
| **2.REFERRAL TO MULTI-AGENCY EARLY SUPPORT PANEL** |

Every effort should be made to complete all elements of the Early Support Assessment, but at any stage in the process of completing the assessment there may be a presenting need requiring a multi-agency response that is beyond the resources available through single agency or existing area-based services e.g. Community Plus; Community Hubs. At this point the person completing the assessment should complete the box below, demonstrate consent from parents/ carers/ young person by completing section 14 and submit to the Early Support Multi-Agency panel.

Date of Referral

|  |
| --- |
|  |

**Presenting reason that brings you to refer to the Early Support Multi-Agency Panel**

|  |
| --- |
| **Please provide supporting information in the box below** |
|  |

|  |  |
| --- | --- |
| If your referral is for a Parenting Programme or Family Group Conferencing **only** please tick the relevant box below | |
| **Parenting Programme** |  |
| **Family Group Conferencing** |  |

|  |
| --- |
| **3. PROFESSIONAL RELATIONSHIPS** |

(To add additional rows, right click in the final row, click ’Insert’, ‘Insert Rows Below’)

Details of professionals involved with the children/young people. Where professionals have contributed ensure that this is clearly identified within the main body of the assessment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Agency / Team** | **Telephone Number(s)** | **Person working with** | **Contributed Yes/No** |
|  |  |  |  |  |
|  |  |  |  |  |

If any of the above have not contributed to the assessment please state reason

|  |
| --- |
|  |

|  |
| --- |
| **4. ASSESSMENT DETAILS** |

Date assessment commenced

|  |
| --- |
|  |

Reason for undertaking this assessment/presenting issues

|  |
| --- |
|  |

|  |
| --- |
| **5. CHILD / YOUNG PERSON’S DEVELOPMENTAL NEEDS** |

If the assessment is being completed for more than one child/young person please ensure you consider and record the story for each child/young person that is subject to this assessment under this section, using their name as a heading.

**Health**

To include growth and development, physical and mental wellbeing, any other health impairments or substance misuse. Appropriate health care, adequate and nutritious diet, exercise, immunisations and developmental checks, dental and optical care.

|  |
| --- |
|  |

**Education**

To include any relevant plans i.e. Education Health and Care Plan (EHCP), or any school plans; areas of a child’s cognitive development, play and interaction with other children, educational provision, (including early years setting) attendance and attainment levels.

|  |
| --- |
|  |

**Emotional and behavioural development**

To include the child/young person’s overall development, is it age appropriate? Is the child demonstrating attachments? Does the child/young person display any concerning emotional behaviours?

|  |
| --- |
|  |

**Identity/family and social relationships**

To include the child/young person's view of self and own abilities, self-image and self-esteem, having a positive sense of individuality, race, religion, age, gender, sexual orientation and disability. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups. Does the parent / carer ensure the children/young people keep in contact with important family members and significant others?

|  |
| --- |
|  |

**Self-care skills/social presentation**

To include - Does the child have age appropriate self-care skills, appropriate supervision and support to encourage self-care skills and independence? Appropriateness of clothing for age, gender, culture and religion; cleanliness and personal hygiene.

|  |
| --- |
|  |

|  |
| --- |
| **6. PARENTAL CAPACITY** |

**Basic care/ensuring safety**

To include all the children/young people’s basic needs regarding food, clothing, access to health / education and other services. Is the child/young person adequately protected from significant harm or danger?

|  |
| --- |
|  |

**Emotional warmth/stimulation**

To include ensuring the child’s requirements for secure, stable and affectionate relationships, with appropriate sensitivity and responsiveness to the child’s needs.

|  |
| --- |
|  |

**Guidance and boundaries/stability**

To include – How does the parent / carer provide consistent parenting? Are there any challenging / difficult behaviours of the child(ren), and how are these managed? Is the child(ren) provided with a stable family environment? Does the child(ren) have any regular contact with another parent / significant others?

|  |
| --- |
|  |

|  |
| --- |
| **7. FAMILY AND ENVIRONMENTAL FACTORS** |

**Family history and functioning**

To include parent/carer’s history, parent/carer’s current and historical relationships, any drug, alcohol misuse, health, mental health, disability, learning disability, periods in care, known history of violence, domestic abuse, offending, anti-social behaviour. Please include the impact that these have on the child/ren.

|  |
| --- |
|  |

**Wider family and significant others**

To include their role and importance to the child(ren) and parents, what additional support do they provide? i.e. emotional, financial, practical, respite, caring responsibilities.

|  |
| --- |
|  |

**Housing/employment/income**

To include current housing provision, rent arears, appropriate basic amenities of water, heating, cooking facilities, sleeping arrangements and hygiene. Employment status, benefits, debts, support accessed, impact on family member’s financial capabilities.

|  |
| --- |
|  |

**Family’s social integration/community resources**

To include – Is the child/family part of the local neighbourhood/community? Including universal services: health care, day care and schools, places of worship, transport, shops and leisure activities.

|  |
| --- |
|  |

|  |
| --- |
| **8. RISK AND STRENGTHS FACTORS** |

Please consider any risks, strengths and protective factors including vulnerabilities found as part of this assessment and presenting concerns. The vulnerabilities may include Child Sexual Exploitation (CSE), missing, criminality, substance/alcohol misuse and Special Educational Needs and Disability (SEND).

|  |  |
| --- | --- |
| Risks | Strengths/Protective Factors |
|  |  |

|  |
| --- |
| **9. ANY HISTORICAL INVOLVEMENT OF ANY OTHER PROFESSIONALS/SERVICES** |

To include any relevant historical information of significant events other agencies. (All agencies involved will be asked to provide any significant dates and events).

|  |
| --- |
|  |

|  |
| --- |
| **10. VIEWS OF CHLDREN/YOUNG PEOPLE** |

Views of child/young person (include wishes and feelings). What is life like for this child/young person (where a child is non-verbal, please use your observations of parent/child interaction etc).

|  |
| --- |
|  |

Views of parent/carers and significant others (include wishes and feelings).

|  |
| --- |
|  |

Dates(s) child/young person and family members seen and spoken to

To add additional rows, right click in the final row, click ’Insert’, ‘Insert Rows Below’)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name(s) of family members spoken to** | **Name(s) of child/young person seen and spoken to** | **Name(s) of child/young person seen alone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

It is expected that all children are seen alone unless there is a very good reason not to do so as part of the assessment process.

|  |
| --- |
| **11. ANALYSIS AND RECOMMENDATIONS** |

**Analysis and professional judgements**

Given all the information gathered throughout the assessment what is the impact for the child/children if no action is taken?

|  |
| --- |
|  |

**Recommendations and any actions required**

What needs to change to reduce any identified risks?

|  |
| --- |
|  |

|  |
| --- |
| **12. DECISIONS** |

|  |
| --- |
|  |

**Worker’s name** Date

**Assessment Outcome**

|  |
| --- |
|  |

Continue/maintain current support

Step up to Team around Family Meeting

Refer to other Agency (complete any relevant referral form)

Step up to Children’s Social Care

If referred/signposted to other agency(ies), please provide details

|  |
| --- |
|  |

|  |
| --- |
| **13. CONSULTATION FOLLOWING COMPLETION** |

Views of child/young person on the assessment and outcome

|  |
| --- |
|  |

View of parent/carer and significant others on the assessment and outcome

|  |
| --- |
|  |

Date assessment shared with child/young person/parent/carer if applicable

|  |
| --- |
|  |

Date copy of assessment provided to child/young person/parent/carer if applicable

|  |
| --- |
|  |

|  |
| --- |
| **14. SIGNATURES** |

**Declaration**

**I agree to this information and any other available assessments and plans being shared with other agencies, which can include School, Health, Social Care, Voluntary services and Kirklees Housing. I also understand that other records, including mine and my child’s mental health records may be accessed.  I understand that this information will be used to determine which services can support me/my family and to help in how we plan this support.**

To view our Privacy Notice or find out more information about how will use your data, please visit or search ‘Kirklees Privacy’: [Privacy Notice](http://www.kirklees.gov.uk/beta/information-and-data/pdf/privacy-notice-family-support-service.pdf)

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| Parent/Carer |  |  |
| Parent/Carer |  |  |
| Child/Young Person |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| Assessor |  |  |
|  | **Signature** | **Date** |
| Manager  (if appropriate) |  |  |

Please retain one signed copy of this form and send one signed copy to:

1. **By secure email address:** [earlysupportmultiagencypanel@kirklees.gov.uk](mailto:earlysupportmultiagencypanel@kirklees.gov.uk)
2. **By AnyComms secure file transfer:** EITS Early Help Access Team

If you have any queries regarding this form, please contact Early Support on 01484 456823.