[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwif472t44PUAhUD0RQKHVFFBv0QjRwIBw&url=http://resolutionsconsultancy.com/signs-of-safety/&psig=AFQjCNH51c08kjniaQ8BnqKLmaT-VwGr0Q&ust=1495551958567104)

Early Help Assessment

**Registration**

Once you have completed the Early Help Assessment with a family please ensure you register the Early Help and send the completed assessment to [early.help@stoke.gov.uk](mailto:early.help@stoke.gov.uk)

**Log Refused Consent**

Please contact [early.help@stoke.gov.uk](mailto:early.help@stoke.gov.uk) to register that a family have refused to consent to early help support

**Early Help Registration**

* **Family details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name | Date of Birth or estimate | Gender | Address (including postcode) | Relationship e.g. mum, dad, sibling | Disability | Parental responsibility | Young carer |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |
|  | Click here to enter a date. | Choose an item. |  |  |  |  |  |

**Consent / Information Sharing** (*Consent must always be sought from parent/carer/young person)*

|  |  |
| --- | --- |
| Has the family given consent to early help support? | Choose an item. |
| Does the family know who the lead worker will be? | Choose an item. |
| Does the family know why support is being offered to them? | Choose an item. |
| Does the carer or the child/young person agree to the sharing of information as per the Early Help privacy notice?<https://www.stoke.gov.uk/directory_record/333387/early_help/category/392/children_and_families> | Choose an item. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **Signature (lead worker):** |  | **Date:** | Click here to enter a date. | | **Signature (parent/carer/young person):** |  | **Date:** | Click here to enter a date. |  * **Lead Worker details**  |  |  | | --- | --- | | Name of person who will be leading the early help |  | | Job role |  | | Organisation |  | | Contact email |  | | Contact telephone number |  | | Date early help assessment started | Click here to enter a date. | | Date early help assessment completed | Click here to enter a date. | | Level of Need | Choose an item. |  * **Summary of presenting needs** (mandatory)  |  |  | | --- | --- | | **Issue present** | **Summary of issue(s)** | | **Crime and antisocial behaviour** |  | | **Education** |  | | **Child in need of help and support (including parenting)** |  | | **Finance/benefits/out of work** |  | | **Domestic violence or abuse** |  | | **Family health problems** |  | |

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**Early Help Assessment**

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| --- | --- | --- |
| **What are we worried about?** | **What’s working well?** | **What needs to Happen?** |
| * ***Past Worries*** * ***Worry Statement*** * ***Complicating Factors*** | * ***Existing Strengths*** * ***Existing Safety/Success*** | * ***Wellbeing Goal*** * ***Next Steps*** |

* **Other key agencies involved**

|  |  |  |
| --- | --- | --- |
| **Contact Name** | **Organisation** | **Contact number** |
|  |  |  |
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