

Fields throughout the form marked with \* must be completed.

Any other fields should be completed if you have the information.

**Lead Practitioner and Agency/Setting**

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| |  |  | | --- | --- | | **Person completing Part 1 Understanding me/my family:** | | | **This should be the lead practitioner working with the family** | | | **Lead Practitioner Name\*** | Name | | **Role\*** | Role | | **Contact Number\*** | Number | | **Email** | Email | | **Agency/Setting Name\*** | Agency | | **Agency/Setting Address\*** | Address | | **Started working with the family** | Start Date | | **Finished working with the family** | End Date | | |  |  | | --- | --- | | **If in future this plan transfers to a new lead practitioner please record their details below, otherwise leave this part blank** | | | **Lead Practitioner Name\*** | Name | | **Role\*** | Role | | **Contact Number\*** | Number | | **Email** | Email | | **Agency/Setting Name\*** | Agency | | **Agency/Setting Address\*** | Address | | **Started working with the family** | Start Date | | **Finished working with the family** | End Date | |

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| **Where does the Family live?** | **Address\*** | Address | **Postcode\*** | Postcode |

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| **Child / young person’s (CYP) details:** |

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| |  | | --- | |  | | **Forename\*** | | **Surname\*** | | **DOB\*** | | **Gender\*** | | **Ethnicity\*** | | **First Language** | | **NHS number** | | **Unique Pupil Number (UPN)** | | **Which school or pre-school setting do they attend?** | | **Have you got any concerns about their attendance?** | | **Are they meeting their age-related expectation?** | | **Do they have any known special education needs or disability (SEND)** | | |  | | --- | | **Child 1** | | Forename | | Surname | | Date of birth | | Gender | | Ethnicity | | First Language | | NHS number | | UPN | | School / Pre School | | Yes/No/NA | | Yes/No/NA | | Yes/No/Unknown | | |  | | --- | | **Child 2** | | Forename | | Surname | | Date of birth | | Gender | | Ethnicity | | First Language | | NHS number | | UPN | | School / Pre School | | Yes/No/NA | | Yes/No/NA | | Yes/No/Unknown | | |  | | --- | | **Child 3** | | Forename | | Surname | | Date of birth | | Gender | | Ethnicity | | First Language | | NHS number | | UPN | | School / Pre School | | Yes/No/NA | | Yes/No/NA | | Yes/No/Unknown | | |  | | --- | | **Child 4** | | Forename | | Surname | | Date of birth | | Gender | | Ethnicity | | First Language | | NHS number | | UPN | | School / Pre School | | Yes/No/NA | | Yes/No/NA | | Yes/No/Unknown | | |  | | --- | | **Child 5** | | Forename | | Surname | | Date of birth | | Gender | | Ethnicity | | First Language | | NHS number | | UPN | | School / Pre School | | Yes/No/NA | | Yes/No/NA | | Yes/No/Unknown | | |  | | --- | | **Child 6** | | Forename | | Surname | | Date of birth | | Gender | | Ethnicity | | First Language | | NHS number | | UPN | | School / Pre School | | Yes/No/NA | | Yes/No/NA | | Yes/No/Unknown | |

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| Please tell us about who is in the family and **are part** of this assessment | **Parent/Carer details:**  This should be individuals living in the same household as the children. Anyone important outside the household should be captured in ‘other important people’ | | | **Other important people:**  Anyone who is important to the child/family and the relationship between those people. | |
| |  | | --- | |  | | **Forename\*** | | **Surname\*** | | **DOB\*** | | **Gender\*** | | **Relationship\*** | | **Ethnicity** | | **First Language** | | **Has parental responsibility** | | **Family requires an interpreter** | | **Address\***  (Other important people only) | | **Phone Number\*** | | **Email** | | |  | | --- | | **Parent/Carer 1** | | Forename | | Surname | | Date of birth | | Gender | | Relationship | | Ethnicity | | Language | | Yes/No/Unknown | | Yes/No | | Address | | Number | | Email | | |  | | --- | | **Parent/Carer 2** | | Forename | | Surname | | Date of birth | | Gender | | Relationship | | Ethnicity | | Language | | Yes/No/Unknown | | Yes/No | | Address | | Number | | Email | | |  | | --- | | **Parent/Carer 3** | | Forename | | Surname | | Date of birth | | Gender | | Relationship | | Ethnicity | | Language | | Yes/No/Unknown | | Yes/No | | Address | | Number | | Email | | |  | | --- | | **Other People 1** | | Forename | | Surname | | Date of birth | | Gender | | Relationship | | Ethnicity | | Language | | Yes/No/Unknown | | Yes/No | | Address | | Number | | Email | | |  | | --- | | **Other People 2** | | Forename | | Surname | | Date of birth | | Gender | | Relationship | | Ethnicity | | Language | | Yes/No/Unknown | | Yes/No | | Address | | Number | | Email | |

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| **Other agencies currently supporting my family:** If this is multi-agency early help, the other agencies should be listed here. If no agencies are listed, will assume single-agency | | | | | | | |
| **Agency/Setting** | **Name** | **Job role** | **Phone number** | **Contact email** | **Working with** | **Start date** | **End date** |
| Agency | Name | Role | Number | Email | Name or whole family | Date | Date |
| Agency | Name | Role | Number | Email | Name or whole family | Date | Date |
| Agency | Name | Role | Number | Email | Name or whole family | Date | Date |
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| **Existing Assessments:**  ***Assessments undertaken that are relevant to current need. Please attach any relevant assessments.*** | | |  | **Existing Plans:**  ***Plan currently in place. Please attach any relevant plans*** | | |
| Assessment Date | Assessment | Details of ‘other’ |  | Start date | Plan | Details of ‘other’ |
| Assessment Date | Assessment | Details of ‘other’ |  | Start date | Plan | Details of ‘other’ |
| Assessment Date | Assessment | Details of ‘other’ |  | Start date | Plan | Details of ‘other’ |

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| **Presenting -** **What is happening right now that is causing concern?**  Describe what is happening that you are most concerned about. Be specific and factual - what does this look like? Capture frequency (how often) and duration (how long it lasts) and where does this happen (e.g. at home, school in the community)? This may be different for each child. |
| Notes |
| **Predicting - What are the family and professionals worriedis likely to happen if the presenting issues are not addressed effectively?**  These predictions should be realistic and have a direct connection to the presenting issues as described above. Consider each child. |
| Notes |
| **Predisposing - What challenges and vulnerabilities exist for the family?**  Historical events or current factors that present a challenge or vulnerability. These are things that cannot necessarily be changed or may not be impacting directly on the presenting issue. They may include physical health, disability and development, diagnoses, historical service involvement, ethnicity, culture, language and religion, bereavement, parental separation/divorce, drug and alcohol misuse. Current and historic education/ work/training of parents and significant people. Housing - temporary or permanent, number of moves. Home environment, size, conditions, cleanliness, state of repair, safety, appropriateness for children, sleeping arrangements. Finances/Income – benefits. |
| Notes |
| **Protective - What strengths and protective factors are there that may be used to impact on the presenting issues?**  Think about supportive relationships within the family, personal skills, knowledge and what has previously gone well, etc. Be specific - how and why these things are protective. |
| Notes |
| **Precipitating – What happens / has happened that triggers the presenting issue(s)?**  These may be behaviours, thoughts, emotions or changes to circumstances, they can also be patterns or one-off events. |
| Notes |

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| **Perpetuating - What factors are currently keeping the presenting issues going*?***  Behaviours and circumstances that may be acting as a barrier to progress, including professional interventions if relevant | |
| Notes | |
| **What are the wishes/feelings of the child/family?**  What are the family’s aspirations, what would they like to be achieving | |
| Notes | |
| **What service interventions have previously been tried?** | |
| Notes | |
| **Summarise your understanding.** | |
| This is your current **hypothesis;** a statement that summarises what needs to change and what difference will that make:   * reflect on the information gathered above. * identify which of the perpetuating factors are the key drivers to the presenting issue. * identify what needs to change. * building upon strengths - protective factors - what needs to happen next to support the child/family to make these changes and move forward? | Notes |

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| **Please select all that apply\* - These should be evidenced in the understanding of the family in section 2** | | | | | | | | | | |
| **Good Family Relationships** | Parenting support | | | |  |  | **Safe from domestic abuse** | Support for **victims** of current/recent domestic abuse | |  |
| Parent/Carer needing support around **child behaviour at home** | | | |  | Support to address **domestic abuse behaviours** | |  |
| CYP with **violent or abusive behaviour** at home | | | |  | Support for **young people in domestic abuse** relationships | |  |
| Preventing use of **physical punishment** | | | |  | Support for **children affected by** domestic abuse | |  |
| Providing **safe home conditions** | | | |  | **Families diverted from Crime** | CYP (U18) who are: | * **at risk** of anti-social behaviour |  |
| Family Conflict | * **Parental** (Parent/Carer to Parent/Carer) | | |  | * **involved** in anti-social behaviour |  |
| * Between **other family** members | | |  | * **at risk** of crime |  |
| Children develop **social skills** and **enjoy recreation** | | | |  | * **involved** in crime |  |
| Support with **teenage pregnancy** | | | |  | * indicating gang affiliation |  |
| **Young carer** needing support | | | |  | Adults (18+) who are: | * **involved** in crime |  |
| **Children get good early years development** | Parents/carers (of pre-school children) in need of **additional/specialist support** | | | |  | * **involved** in anti-social behaviour |  |
| Pre-school child’s **physical health needs** not being met (e.g. immunisations) | | | |  | **Families are safe from neglect, abuse or exploitation** | Family needing help to regularly meet children's **basic needs** | |  |
| **Delayed development** (speech and language, problem solving etc) | | | |  | Concerns about CYP’s: | * **emotional** wellbeing at home |  |
| Not accessing the **free early education entitlement**: | | | * age 2 |  | * **physical** wellbeing at home |  |
| * ages 3 or 4 |  | * **sexual** wellbeing - Risk from **within** the family |  |
| **Children get a good education** | CYP who are: | * **at risk** of persistent absence (approaching 10% absence) | | |  | * **sexual** wellbeing - Risk from **outside** the family |  |
| * **persistently absent** (With less than 90% attendance) | | |  | CYP demonstrating **harmful sexual behaviour** | |  |
| * being **excluded** (or at risk of) - fixed term or permanent | | |  | CYP who have gone **missing** | |  |
| * **Not on school roll** / Missing from Education | | |  | CYP experiencing abuse by individuals/groups **who are not family** | |  |
| Help with **engagement between school and parents** | | | |  | CYP  at risk of: | * **criminal** exploitation |  |
| CYP who are **electively home educated (EHE)** and need learning support | | | |  | * **sexual** exploitation |  |
| School age children **at risk of being NEET** when they leave education provision | | | |  | * **radicalisation** |  |
| Learning progression and SEND | * Learning **engagement** including behaviour at school | | |  | * **honour-based abuse**/**violence** |  |
| * Learning **progress and attainment** | | |  | * **early/forced marriage** |  |
| * Finding **pathways for support / identification** of SEND | | |  | * **modern-day slavery** |  |
| * Ensuring the right **support is in place** for SEND | | |  | **Families appropriately manage their mental and physical health** | CYP (U18): | * needing support with their mental health |  |
| **Housing stability** | Families **not in sustainable** accommodation (inc. risk of homelessness/eviction) | | | |  | * with evidence of **self-harm** |  |
| Families who are **homeless** | | | |  | * needing support around **gender identity** |  |
| Young people (U18) **at risk of homelessness** | | | |  | * needing support around **identity development** |  |
| Support to deal with **Landlord/Housing Agency** | | | |  | Adult (18+) needing support with their mental health | |  |
| **Financial stability** | Young person (16+) not in education, employment or training (**NEET**) | | | |  | Support needed relating to **mental health and pregnancy** | |  |
| Employment Support: | | * Employed – **Low income needing support** | |  | Support with **physical health or disability** needs | |  |
| * Unemployed – **Ready to seek employment** | |  | Support with **bereavement** | |  |
| * Unemployed – **With barrier** to seeking employment | |  | **Better managed substance use** | CYP (U18) with: | * an **alcohol** related problem |  |
| Family need support managing **finances / Debt** | | | |  | * a drug related problem |  |
| Support for families with **no recourse to public funds** | | | |  | An adult (18+) with | * an **alcohol** related problem |  |
| **Financial exploitation** | | | |  | * a drug related problem |  |
| **Problematic Gambling** | | | |  |  |  |  |  |

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| **Next Steps** | | | | | | | | | | |
| **Is the family able to utilise strengths to address all the support needs without need for additional early help support?** | | | | | | | | | | |
| **No** | | | | | | | | |  | **Yes** |
| If you answered ‘**No**’ above, please continue filling out this form and follow the guidance on notifying the children and families’ service. | | | | | | | | | If you answered ‘**Yes**’ above, then this form is complete.  You don’t need to notify the children and families’ service. |
| **What will happen next?** | | | | | | | | |
| **Proceed to a plan** |  | **Request for early help support from Cluster** |  | **Request for more Early Help Support from Children & Family Services (e.g., MST, Signpost)** |  | **Supporting document for RADAR Panel** | |  |  |
| Consider if the support needs require a single or multiple agency response  Using the assessment completed in this document (Part 1), with the family, complete Part 2 My Plan. | | If Part 1 identified a need for early help support that is available through a cluster service, discuss this request with the relevant cluster. | | If Part 1 evidenced a graduated approach and identified a need for more early help support, then this document will be passed to the allocations panel. | | If this assessment is to support a request to RADAR panel, please indicate so here. You will need to make contact directly with the RADAR team ([radar@leeds.gov.uk](mailto:radar@leeds.gov.uk)) and C&F service will alert them that a notification has been received to support your request | | |  |
| **Notify the Children and families service** | | | | | | | | |
| Firstly, check you’ve completed sections 1, 2, 3 and 4. Share a copy of this document with the family and/or young person, and ask the family to read and sign the privacy notice. With their consent email a copy of this document to: [earlyhelp.notifications@leeds.gov.uk](mailto:earlyhelp.notifications@leeds.gov.uk?subject=Early%20Help%20Notification) | | | | | | | | |
| **Do you want to speak to an Early Help Practitioner for help or guidance?** | | | | | | | | |
| Please tick the box. An Early Help Practitioner will contact you via the phone number in the “Lead practitioner” section or via the email used to send this notification. | | | | | | |  | |

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| **Benefits of notifying the Children and Families Service**  **Please note:** If you have access to Mosaic, the expectation is you will record this assessment on the system using the Early Help workflow (EH contact, Assessment… etc) and therefore won’t need to notify. | * Notification is important because if an incident happens or a referral is received for your family, the children and families service can speak to your family and your lead practitioner, to get your views when considering the right actions to take. This helps families to get the right support, at the right time. * There is support available from our Early Help Practitioners that anyone notifying an assessment is entitled to. Completing the assessment may have identified needs or concerns that you are not sure how to respond to. Practitioners can help guide and support you to work with the family and identify any other appropriate services. * This information supports the wider early help partnership, by building an understanding of families’ needs across the city. This helps to plan where resources or services are needed and to identify gaps in provision to deliver effective Early Help in Leeds. |

1. Leeds City Council and its partner organisations are working closely to ensure that services are more joined up. To help us do this, we collect and obtain your personal information for the following purpose(s):
   1. to identify children, young people and families who are in receipt of or are eligible for help and support;
   2. to understand and meet the needs of children, young people and families;
   3. to ensure services across a range of organisations are coordinated and focussed on children, young people and families with the most pressing and complex needs;
   4. to participate in local and national research to assess how well the services are working in delivering better long-term outcomes for children, young people and families and in making services more effective.
2. In order to carry out these purposes, any personal and sensitive information you provide will be collected, used, shared and held by Leeds City Council for the purposes of providing support to you and your family.
3. Leeds City Council takes its obligations under the Data Protection legislation very seriously. The main laws are the Data Protection Act 2018 and the General Data Protection Regulation. The information you provide will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to you (also called “special category data”) which requires more protection by us to keep it safe.  Leeds City Council are the owner (data controller) of this information and therefore obliged to fully comply with the relevant Data Protection laws and regulations in order.
4. We rely on legal gateways to process, collect and hold your information to enable us to comply with our statutory duties as we are in the public interest or exercising a public task in our official authority. Please note, we would like to fully engage with you, however there may be circumstances where we may use and share your information without your agreement, as we are legally required to do so.
5. Where appropriate and in order to make the best decisions for children and young people, Leeds City Council will share your information with other services within Leeds (such as, Cluster, Children’s services, Families First programme, Education providers etc) and also with other relevant organisations, such as the NHS, schools and the Police etc. We may also give some information about you to relevant government departments, such as the Department for Education or the Department for Levelling Up, Housing and Communities (DLUHC), for reporting purposes and in order to make the services of Leeds better.
6. We are required by law to keep records for varying lengths of time depending on individual circumstances. This information is set out in our retention schedule. More information can be given to you on request or can be found on our website, [www.leeds.gov.uk](http://www.leeds.gov.uk)
7. If you have questions about the collection of your information or wish to ask about what rights you have or wish to complain about the use of your information, please contact [DPFOI@leeds.gov.uk](mailto:DPFOI@leeds.gov.uk) or refer to our core data protection obligations and commitments set out in the council’s privacy notice https://www.leeds.gov.uk/privacy-statement/privacy-notice

**Declaration:** I acknowledge receipt of this privacy notice. I understand that my information will be shared with relevant professionals.

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| **Role\*** | **Name\*** | **Signature\*** | | **Date\*** |
| Parent/Carer Or Young person aged 13+. | Name | Signature | | Date |
| Parent/Carer Or Young person aged 13+. | Name | Signature | | Date |
| Lead Practitioner | Name | Signature | | Date |
| If sending this document with electronic signatures, the lead practitioner has responsibility for retaining a copy of the privacy notice signed by the family and must confirm by ticking the box that both statements below are true:   1. the family have been given a copy of this document including this privacy notice 2. The family have given their consent | | | I confirm the family have seen the privacy notice and have given consent | |