

CHILD AND FAMILY EARLY HELP SINGLE ASSESSMENT



The Single Assessment document can be completed by any trained practitioner, together with parent(s), carer and/or young person in order to start a package of targeted support. The Single Assessment ensures that, irrespective of the agency or community organisation where the initiating practitioner works or their professional discipline, that a holistic assessment of the child/young person's situation is undertaken.

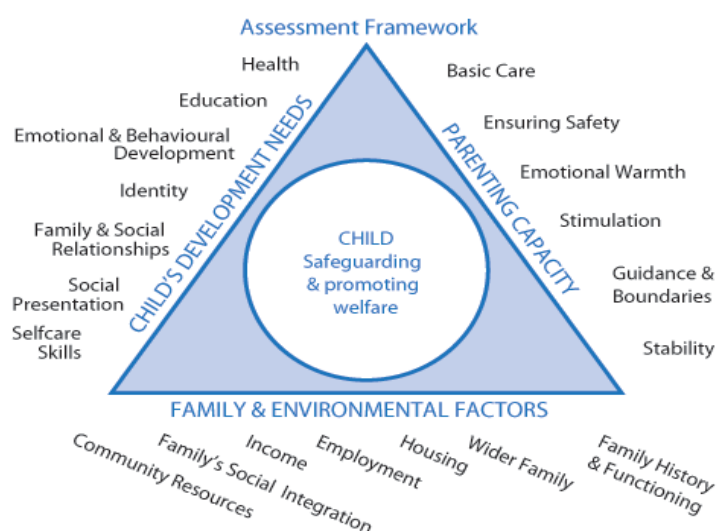
This is part of the previously called "Common Assessment Framework" which underlines the need for a shared or common language about children and their needs and a common approach to recording information about those needs.

Our aim is to provide targeted and co-ordinated early help so that children and their families receive the right services, at the right time and before situations deteriorate.

This Single Assessment is designed to prevent young people and their families having to repeat their story as they move from one agency to another and facilitates much more effective sharing of information across agencies. One of the great advantages is the active involvement by young people and families in the assessment and planning stages, so that they retain ownership of actions.

- It is an entirely voluntary process – the agreement of a parent/carer or of a competent young person must be secured before initiating a Single Assessment.
- It can be accessed from pre-birth up to 19 years and up to 24 years if the young person has an identified special need.
- As consent has been secured, it is designed to signal a request for support to the relevant agencies and services agreed with the family – removing the concern about information sharing.
- The assessment is the starting point to coordinate a multi-agency action plan – to include actions for the family and young person too.

The following sections follow the Framework for the Assessment of Children or Families, as the diagram below shows. We ask you to complete as much information as possible so that practitioners can really understand and provide the right support.



1. TYPE OF ASSESSMENT

First Early Help Child and Family Single Assessment

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Updated Early Intervention Child and Family Single Assessment

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2. PRACTITIONER'S DETAILS

Name of practitioner completing the assessment:	Date of assessment:
Role & Agency/Service/Organisation:	Address:
Telephone Number:	Email Address:

3. CHILD/RENS, PARENTS, CARERS & SIGNIFICANT OTHERS

Details of subject child/ren (To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name Child/Children:	Date of Birth/ Expected Date of Delivery: Gender:
Home Address:	Tel No: Email:
Religion: (As described by the parent/carer)	Ethnicity: (As described by the parent/carer)
First Language:	Disability: (As described by the parent/carer)

Details of parents/carers (To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name of Parent (1):	Date of Birth: Gender:
Home Address:	Tel No: Email:
Religion: (As described by the parent/carer)	Ethnicity: (As described by the parent/carer)
First Language:	Disability: (As described by the parent/carer)

Name of Parent (2):	Date of Birth: Gender:
Home Address:	Tel No: Email:
Religion: (As described by the parent/carer)	Ethnicity: (As described by the parent/carer)
First Language:	Disability: (As described by the parent/carer)

Details of other children or people in the household:

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

Name	Date of Birth/EDD	Relationship to the relevant child	Ethnicity	Religion

Other significant people NOT living in the household:

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

Name	Date of Birth/EDD	Relationship to the relevant child	Address

Who has parental responsibility?

Who are the main carers? Are there any Court Orders in place around who the child or young person has contact with or lives with?

Communication needs (including language) for the family:

What is the child/parents first language? Is there a need for an interpreter? Does the child use other forms of communication such as Makaton or British Sign Language?

Additional information regarding Ethnicity or Cultural Heritage:

Consider cultural issues which need to be understood? Does the child and family have a good understanding of their culture and heritage? Have the child or family suffered any discrimination?

Legal status & immigration status of the family:

Do the family have leave to remain in the UK?

Does the child have an Education, Health & Care Plan?

Yes ☐ No ☐ Unknown ☐

Do the family receive Free School Meals?

Yes ☐ No ☐ Unknown ☐

Have the family had previous early help or involvement with children or adult social care?

Yes ☐ No ☐ Unknown ☐

4. Professional Relationships

Details of professionals involved. Where professionals have contributed ensure that this is clearly identified within the main body of the assessment. (To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Name and organisation	Role	Address	Telephone number & email address
Nursery/School/College:			
GP:			

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

5. Reasons for the assessment and assessment planning

Reason for undertaking this assessment/presenting issues? What are the goals for this assessment and how will you know things have improved once the support has been initiated?:

Assessment Plan and time frame for the assessment to be carried out:

(All assessments should be completed within ten working days. We aim that all Single Assessments in Warwickshire are completed within 35 working days from the date they are started.)

List the dates the child/ren or young person were seen as part of this assessment:

Child/ren seen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child/ren seen alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Children's Profile/Story.

Ensure you consider and record the story for each child. Consider the Child Development section of the Framework of Assessment

HEALTH: Development of the unborn/infant/baby. Health conditions, access to and use of dentist, GP, opticians, immunisations, admissions, accidents. Eating healthy and balanced diet. Sleeping routine or issues. Speech, language & communication.	
EDUCATION: Attendance & engagement; organised; access to resources; imaginative play and interaction; progress, ambitions, motivation and child's view of progress.	
EMOTIONAL & BEHAVIOURAL DEVELOPMENT: Early attachments; risking/actual self-harm; coping with stress; motivation; confidence; fears.	
IDENTITY: Perceptions of self; sense of belonging; knowledge of own & family history; experiences of discrimination.	
FAMILY & SOCIAL RELATIONSHIPS: Building stable relationships with family, peers and community, friendships & level of association for negative relationships.	
SOCIAL PRESENTATION & SELF CARE SKILLS: Physical appearance; positive separation from family; becoming independent; decision making; changes to body, washing, feeding.	

7. Family History and understanding of family relationships

Ensure you consider the parenting capacity section of the assessment framework

BASIC CARE: Provision of food, drink, warmth, shelter, appropriate clothing, personal & dental hygiene.	
ENSURING SAFETY: Safe and healthy environment at home, provision of appropriate supervision.	
EMOTIONAL WARMTH: Stable, affectionate, stimulating family environment, praise, encouragement and secure attachments.	
STIMULATION: Support for positive activities, encourage learning, complete learning activities together.	
GUIDANCE & BOUNDARIES: Encouraging self-control, modelling positive behaviour, effective and appropriate discipline, avoiding over-protection.	
STABILITY: Frequency of house or school moves; frequency in changes to significant relationships.	

8. Family History and understanding of family relationships

Ensure you consider the Family & Environmental section of the assessment framework

FAMILY HISTORY & FUNCTIONING: Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour, culture, size and composition of household and daily, absent parents or significant others.	
WIDER FAMILY: Formal and informal support networks from extended family members and others, wider caring responsibilities.	
HOUSING: Any issues with current family home: water, heating, sanitation facilities, sleeping arrangements. Reasons for homelessness.	
EMPLOYMENT & INCOME: Income/benefits, work and shifts, employment, understanding why unable to work, debts, effects of hardship.	
FAMILY & SOCIAL INTEGRATION: Issues with family relationships, support or relationships from wider community and neighbours.	
COMMUNITY RESOURCES: Day care, places of worship, transport, leisure facilities, crime, anti-social behaviour in area, peer groups, social networks and relationships.	

9. Any Other Important Information

Is there anything else that parents, carers, children, young people or the practitioner feels needs to be included?

Significant Events (To add additional rows, right click in the final row, click 'Insert', 'Insert Rows Below')

Date	Event	The impact of this significant event

Professional involvement , including what changed/happened:

Consider what support; if any, has been provided before. Did the family find this helpful?
If not, why not?

10. Analysis

Needs and risks for each child:

Family strengths and protective factors:

Analysis – What changes do you want to make? What are the desired outcomes of the Single Assessment? (Child/Young Person, Parent/Carer & Practitioners views):

11. Views of all parties - ideas, solutions and goals

Views of the child/young person (on the assessment and what they want to address or change):

Views of the parent and significant others (on the assessment and what they want to address or change):

12. Signatures

I agree with the Single Assessment: (To be signed by all concerned before submission).

Name: Signed Parent/Carer:	Date
Name: Signed Parent/Carer:	Date
Name: Signed Young Person:	Date:
Name: Signed Practitioner completing the assessment:	Date

CONSENT FORM TO GATHER, SHARE AND STORE INFORMATION TO COMPLETE EARLY HELP SINGLE ASSESSMENT

Warwickshire County Council and partners work together to provide you with public services, to do this, we may need to share your information. We will do this in a way that protects your privacy and confidentiality. For more information please visit www.warwickshire.gov.uk/privacy & www.warwickshire.gov.uk/priorityfamilies

Single Assessment

The Practitioner undertaking the Early Help Single Assessment form will explain openly and honestly at the outset what information will or could be shared, and why, and seeking agreement.

The Practitioner will collect information so that we can understand what help you and/or your family may need. If we cannot meet all of your needs we may need to share all or part of this information with the other organisations, so that they can help us to provide the services you need.

If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.

For more information about the Early Help Single Assessment please visit

www.warwickshire.gov.uk/gettinghelpforchildren

Exceptional Circumstances

Practitioners will respect the wishes of children, young people and families who do not consent to share confidential information. However, practitioners will use their judgement if they consider there are concerns which are sufficient enough to override the lack of consent. The child or young person's safety and welfare must be the overriding consideration when making decisions on whether to share information.

In some circumstances if parents and carers refuse the provision of Early Help the practitioner will need to consider if they have concerns that a child or young person has suffered or is likely to suffer significant harm. In such situations they must follow Warwickshire Safeguarding Children Board (WSCB) procedures, which can be found at www.warwickshire.gov.uk/wscb

If a decision is made to make a referral to Warwickshire Multi-Agency Safeguarding Hub then parents or carers and where appropriate, the young person should be informed before making such a referral, unless to do so would place the child or young person at increased risk of imminent significant harm.

CHILD / YP'S NAME:		DOB:	
CHILD / YP'S NAME:		DOB:	
CHILD / YP'S NAME:		DOB:	
ADDRESS:			

In order for a complete assessment to be undertaken I accept the need for communication between professionals. I understand the information will be stored and used for the purpose of providing Early Intervention services and data will be used to make claims under the Priority Families agenda.

Parent or Carer Print Name: _____

Signature: _____ Date: _____

Or

Child/Young Person Print Name: _____
(If aged over 14 years)

Signature: _____ Date: _____