**Early Help Family Support Assessment (EHFSA) *v1.0 Nov’22***

**Guidance and notes**

This form is to be used to make a referral about a child or young person for either Early Help or Children Social Care Services. Before contacting the Multi Agency Safeguarding Hub (MASH+) you need to consider whether the child or young person's needs can be met by services from within your own agency, referring to a specific service or by other professionals already involved with the family.

* Is the child at immediate risk of serious harm or injury? If so call 999 and ask for the Police.
* If you have an urgent safeguarding concern, please contact us by telephone (01702 215007 option 1) immediately, do not wait to send the form.
* All telephone referrals should be followed up in writing immediately by the completion of this form.
* If your referral is a request for Children with Disability Assessment, please ensure that the EHCP plan is attached to avoid further delays.

**CONSENT**: Agencies who are making enquiries and/or making referrals about a child(ren) should inform the parents/carers or those with parental responsibility that they are making a referral to Children Services, unless to do so would mean thatthe child or young person is at greater risk of suffering harm.

**Have you sought Consent for this referral from the Parent or Carer with Parental Responsibility?**

|  |  |
| --- | --- |
| If **YES,** please name the person who has provided consent *(Referrals for family support will not be accepted unless consent has been gained and it is confirmed the family have read the referral).* |  |
| If **NO,** please explain why? |  |

The Early Help Family Support Assessment should be completed when children and their family may benefit from accessing more support than can be offered from Universal Provision.

All Early Help referrals should be consented and seen by the parents /carers and children when they are able to give consent.

Early Help services can be considered in the following areas.

|  |  |
| --- | --- |
| * Getting a Good Education
 | * Children are safe from abuse and exploitation
 |
| * Good Early Years Development
 | * Children are safe from domestic abuse
 |
| * Physical and Emotional Health concerns
 | * Secure housing and financial security
 |
| * Improved Family relationships
 | * Preventing and tackling crime
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Family Support will be considered if needs cannot be met by other early help provision.

**Family Support requests will require Appendix A to be completed *(see below).***

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| Completed EHFSA’s for Early Help Services should be sent to: earlyhelpcontactpoint@southend.gov.uk |

If the EHFSA is used for a safeguarding concern this should be sent to: mash@southend.gov.uk

Once an EHFSA is received by the Early Help Contact Point the Assessment will be reviewed within 48 hours.

Once a safeguarding EHFSA is received by MASH+ this will be reviewed within 24 hours.

EHFSA which are not correctly completed will be returned to the referrer to be updated and resubmitted.

Once an EHFSA has been accepted it will be assessed and sent to the relevant services, if Family Support is required then contact will be made with the referred family. This process should be completed in 5 working days.

You will be informed of the outcome of your referral.

**Early Help Family Support Assessment**

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| --- | --- |
| **Date of referral:** | Enter a date. |

**Referring agency details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Referrer/ Lead professional: |  | Job Title: |  |
| Agency: |  | Address: |  |
| Tel/Mobile: |  | Email: |  |

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**Has the referral been discussed with your agency safeguarding lead?**

*(MASH REFERRAL ONLY AND PLEASE DO NOT DELAY MAKING A REFERRAL)*

|  |  |
| --- | --- |
| Name of Lead: (Mash only) |  |
| Email / Phone: |  |

**Family composition and details**

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| **Include all those living in the family home** |
| Young Person / Childs name | DOB | Education Provision | Gender | Ethnic origin |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
| Parents/Carers name | DOB | Relationship to child | Parental responsibility? | Ethnic origin |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
| Family address (including postcode) |  |
| Email address |  |
| Phone number(s) *Please list all numbers and whose number it is.* |  |

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| **Details of any significant people not living in family home** |
| Name | Relationship | Address *(including postcode)* |
|  |  |  |
|  |  |  |
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|  |  |  |
| **Further information about the family** |
| Child's first language |  | Parent’s first language*Is an interpreter required?If so, what language is preferred?* |  |
| Family Immigration Status |  |
| Religion |  |
| Details of any disability in the family |  |
| Do any of the children have a caring responsibility |  |  |
| Please list all children with caring responsibilities |  |
| Has community-based support been explored |  |  |
| Please list community support explored  |  |
| Has a graded Care Profile been completed |  |  |
| If ‘Yes’, please send a copy with this referral |
| Have any Family Support/ Teams round the child meetings been held and if so, what was the outcome  |  |

**Assessment Information**

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| **What are you worried about?**What is the history/sequence of events that has led up to your request? What further document(s) or agency chronology could you submit? Is there actual harm? What action is causing the harm? What is the factual information and evidence base specific to your concern?What are the future risks for this child(ren)/family should this concern not be addressed? What are the complicating factors for this child(ren) and/or family that make the concerns more difficult to deal with? What are the views of the child(ren), young person or their family?For SALT/SEN referrals please outline the concerns including details of impact at home and in school? Please attach any relevant reports or plans. |
|  |

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| **What is going well for this family and what resources/services are already in place?**What is going well? Who is providing support to the family, (family, friends, professionals) and what does this support looks like? What are the views of the child(ren), young person and/or their family? |
|  |

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| **What needs to change to make things better/safer for this child(ren)?**How can professionals working with the family, extended family members and their wider community support change? What does the family think would support them to reduce these concerns and what are they most worried about? What do you think would help to reduce the concerns and risks to this child(ren), young person, family? |
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**Information Sharing and Consent**

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| Information collected as part of this Early Help Family Support Assessment form is so that we can understand the level of help and support you may need.To ensure that you and your family are provided with the most effective support, it may be necessary to share/collect personal information about you and your family with our partner agencies / community groups, such as Children’s Services, the NHS and other health providers (including GPs), Housing, Department of Work and Pensions, Police, Probation Services, Education, the Youth Offending Team, Office of National Statistics and Central Government. If more needs are identified during our checks than have been indicated on this assessment form, we will contact the referrer to offer further services to you and your family.In some circumstances, information can be shared between agencies without consent, for example where sharing information might help to prevent a crime or safeguard the welfare of a child or young person.The full Southend City Council Privacy Notice can be viewed at [www.southend.gov.uk/privacynotice](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.southend.gov.uk%2Fprivacynotice&data=05%7C01%7CSimonFutcher%40southend.gov.uk%7C62711e1d8013438849d908da81e82694%7C513aa9ea00af4720a181678d737878de%7C0%7C0%7C637965131315501836%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=wyQ87t4GdsXuo1NYmN6oMXdbxUZXsimA3egQ2GUHiGg%3D&reserved=0) |

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| **As the assessor I can confirm that the family have read and consented to the information in this referral and have also consented to this information being shared with the above agencies. Parents/Carers will be informed of the contents of this referral during the assessment process.** |
| Assessor name: | Signed (Assessor) |
|  |  |
| Parent/carer/child/young person name: | Signed (Parent/carer or child/young person) |
|  |  |
| Date signed (by Parent/carer or child/young person) | Enter a date. |

NOTE! If there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, practitioners have a legal responsibility to inform Children’s Social Care. In most cases, they will discuss this with you first.

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earlyhelpcontactpoint@southend.gov.uk

If the EHFSA is used for a safeguarding concern this should be sent to:
mash@southend.gov.uk

**Appendix A**

**If the referral is for Family Support - areas of need must be fully completed with detail:**

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| **What would the family like support with** |
| Getting a good education |
| Need to be addressed | Is support needed in this area | Person who needs this support | Details of support needed - If ‘Yes’ has been selected you must complete this section fully |
| School attendance (ED1/2) |  |  |  |
| Engagement with education (*motivation, behaviour, suitability of home education, NEET etc.)* (ED3) |  |  |  |
| SEN needs not being met (ED4) |  |  |  |
| Good Early Years Development |
| Expectant or new parent who needs support (EY1) |  |  |  |
| Child (0-5) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) (EY2) |  |  |  |
| Child's (0-5) developmental needs not being met *(e.g., communication skills/speech and language, problem-solving, school readiness, personal, social and emotional development)* (EY3) |  |  |  |
| Mental and Physical Health |
| Young person/child needs support with their mental health (MH1/2) |  |  |  |
| Adult needs support with their mental health (MH3/4) |  |  |  |
| Adult or child that needs support with learning disabilities and/or a physical health condition that affects the family (MH5) |  |  |  |
| Substance Misuse |
| Adult that has a drug or alcohol problem (SM1) |  |  |  |
| Child/young person that has a drug or alcohol problem (SM2) |  |  |  |
| Family Relationships |
| Parenting support required (FR1) |  |  |  |
| Parental conflict (FR2) |  |  |  |
| Child/young person violent or abusive in the home (FR3) |  |  |  |
| Unsupported young carer (FR4) |  |  |  |
| Abuse and exploitation |
| Emotional, physical, sexual abuse or neglect, historic or current, within the household (CS1) |  |  |  |
| Young person/child going missing from home (CS2) |  |  |  |
| Young person/child at risk or experiencing sexual exploitation (CS3) |  |  |  |
| Young person/child at risk or experiencing criminal exploitation (CS4) |  |  |  |
| Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) (CS5) |  |  |  |
| Young person identified as at risk of, or being affected by radicalisation (CS6) |  |  |  |
| Tackling Crime |
| Adult over 18 involved in crime or ASB *(at least 1 offence/arrest in the last 12 months)* (CR1) |  |  |  |
| Person under the age of 18 at risk of criminal behaviour *(gangs, carrying weapons etc.)* (CR2) |  |  |  |
| Person under the age of 18 involved in crime *(at least 1 offence/ arrest in the last 12 months)* (CR2) |  |  |  |
| Safe from Domestic Abuse |
| Family affected by domestic abuse or inter-personal violence – current or historic (DA1) |  |  |  |
| Adult in the family is a perpetrator of domestic abuse (DA2) |  |  |  |
| Child affected currently or historically by domestic abuse (DA3) |  |  |  |
| Secure Housing |
| Family in LA temporary housing that are at risk of losing their home (SH1) |  |  |  |
| Family not in suitable housing/ threatened with eviction/risk of homelessness (SH2) |  |  |  |
| Young people ages 16/17 at risk of or have been excluded from the family home (SH3) |  |  |  |
| Financial Stability |
| Adult in the family is workless (FS0.5) |  |  |  |
| Family require support with finances or have unmanageable debt (FS1) |  |  |  |
| Young person (16-18yrs) who is NEET (FS2) |  |  |  |