

# Early Help Assessment and Referral Record



HILLINGDON

Date Started	<input type="text"/>
Name of initiator	<input type="text"/>
Role	<input type="text"/>
Telephone	<input type="text"/>
Organisation	<input type="text"/>
Email address	<input type="text"/>

## Consent

Before completing this form please note that this assessment will not be accepted and will be returned without parental consent being obtained. The **sole exception** to this requirement is where informing the parents would place the child or family at risk of significant harm.

Have the parent(s) consented to the assessment and referral record being completed and sent to Stronger Families?	Choose an item.
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If no is the child or family at significant risk?	Choose an item.
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## Does this referral relate to any of the following services?

*If yes, please select them below*

*If no, please move onto the next question*

- Adolescent Development Service
- Children's Centres, including Family Information Service (FIS)
- Early Help Notification
- Participation Team (school attendance / child missing from education)
- Portage Team
- Special Educational Needs or Disability Services (SEND)
- SEND Advisory Service (SAS)

If SEND or SAS, what service do you require?

- Early Years SEND Advisory Team (Including Early Years Funding Support)
- New-born Hearing Screening Notification
- Schools SEND Advisory Team (Including Post-16)
- Sensory Team
- SEND Key Work Team
- I am not sure

## The family's details and contact information

### Child/Young Person's details

Full Name	<input type="text"/>	Gender	<input type="text"/>
Address	<input type="text"/>	Aliases?	<input type="text"/>
Telephone	<input type="text"/>	DOB	<input type="text"/>
		Mobile	<input type="text"/>

### Nationality, Ethnicity and Languages

Nationality	<input type="text"/>	Language Spoken	<input type="text"/>
Religion	<input type="text"/>	Interpreter Required?	<input type="text" value="Choose an item."/>
Ethnicity	<input type="text"/>		

### NHS and UPN

NHS No.	<input type="text"/>	UPN No.	<input type="text"/>
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**Details of the wider family and people who are significant to the child or young person. Please indicate who has parental responsibility. This must include all children and young people in the household up to the age of 18, as well as adults.**

Forename	Surname	Relationship to child	PR?	DOB	Address	Telephone Number	Email

### Disabilities

Does the child / young anyone in the immediate family have special needs or a disability?	<input type="text" value="Choose an item."/>	Does the child/ young person have Special Educational Needs?	<input type="text" value="Choose an item."/>
Disability Information	<input type="text"/>		

## SEND Information

<b>SEN Category of Need</b>	<input type="checkbox"/> Cognition and learning Needs <input type="checkbox"/> Sensory and / or physical needs <input type="checkbox"/> Social, Emotional and Mental Health <input type="checkbox"/> Speech, language and communication needs
<b>SEN Primary Need</b>	<input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Moderate Learning Disability <input type="checkbox"/> Multi-Sensory Impairment <input type="checkbox"/> Other Difficulty/Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Profound & Multiple Learning Difficulty <input type="checkbox"/> SEN support but no specialist assessment of type of need <input type="checkbox"/> Severe Learning Difficulty <input type="checkbox"/> Social, Emotional and Mental Health <input type="checkbox"/> Speech, Language and Communication Needs <input type="checkbox"/> Visual Impairment
<b>SEN Secondary Need</b>	<input type="checkbox"/> Autistic Spectrum Disorder <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Moderate Learning Disability <input type="checkbox"/> Multi-Sensory Impairment <input type="checkbox"/> Other Difficulty/Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Profound & Multiple Learning Difficulty <input type="checkbox"/> SEN support but no specialist assessment of type of need <input type="checkbox"/> Severe Learning Difficulty <input type="checkbox"/> Social, Emotional and Mental Health <input type="checkbox"/> Speech, Language and Communication Needs <input type="checkbox"/> Visual Impairment

<b>Is an Education, Health and Care Plan Needs Assessment (EHCNA) currently in progress?</b>	Choose an item.	<b>Does the child / young person have an Education, Health and Care Plan (EHCP)?</b>	Click or tap to enter a date.
<b>EHCP Start Date (if known)</b>	Click or tap to enter a date.	<b>Is Early Support Funding in Place?</b>	Choose an item.
<b>Is Early Years SEND Inclusion Funding in Place?</b>	Click or tap to enter a date.	<b>Is Exceptional Funding in Place?</b>	Choose an item.
<b>School Year Group</b>			
<b>Child's Attendance at school (%)</b> Please provide average attendance rate in % and outline any reduced time timetables in place (e.g. attending 1 hour per day, 5 days per week)		<b>Child's Attendance at school (%)</b>	Choose an item.
<b>Does the child have a Pupil Premium?</b>	Choose an item.		

## Participation Referral

### Support Required

- Support regarding a child / young person's attendance at school
- Support regarding a child that is missing from Education

## Attendance

Please provide average attendance rate in % and outline any reduced time timetables in place (e.g. attending 1 hour per day, 5 days per week)

Choose an item.

Have attendance letters 1,2 and 3 all been sent to the parent's / carer's?

Choose an item.

If no, please provide further information

Date last attendance meeting was held

Click or tap to enter a date.

## Child Missing from Education

Last date the child was at school

Click or tap to enter a date.

Has the child been removed from the School Roll?

Choose an item.

## Services presently involved with the family

Please ensure all agencies known to be involved with the family are included in the list below. This should include the child's school, GP.

Agency	Name	Address	Telephone	Email

Please detail your / your agency's involvement with the family and any services that are currently in place.

**Has the family previously worked with the following services?**

- Adult Services
- Child and Adolescent Mental Health Services (CAMHS)
- Children's Centres
- Children's Social Care
- SEND Advisory Service (SAS)
- Special Educational Needs or Disability Services (SEND)
- Specialist Health Services (including therapies)
- Stronger Families
- Voluntary Sector (please give details)
- Youth Offending
- Unknown at time of referral
- Other
- None

**Voluntary Sector – please provide details**

**Other Services - Please provide name of organisation/practitioner with contact details for this agency**

## **The child and their family's assessment**

### **What is happening for this family?**

**Consider all family members including strengths, protective factors and what is going well in addition to the child's developmental needs such as physical and emotional health, education and learning, ability to form a positive sense of self and identity, social, emotional and behavioural development and self-care skills. In addition, whether the child has an Education Health Care Plan or My support plan.**

### **What in the family's circumstances is currently impacting on them?**

**Consider areas such as the family history, Education, housing, income, employment, community resources currently available, social integration and the role of the wider family.**

**The parent or carers current capacity to meet the needs of the child and or children's needs.**

Consider areas such as the family history, Education, housing, income, employment, community resources currently available, social integration and the role of the wider family.

**What help and support is required at this time?**

Consider the role of the wider family, resources in the local community, the role of the current professionals working with the family as well as other appropriate support services that may be made available.

**Please comment on any specific risks to be considered.**

For example, is the child vulnerable as a result of exploitation, grooming, negative peer pressure, offending behaviour, school exclusion, or may pose a risk to others.

**The wishes and feeling of the child, young person and their siblings**

**The views of parent(s) or carer including what should happen next.**

**How will we know when the family and universal services are able to meet the needs of the child? In other words, what positive change would you like to achieve?**

**Parent / child's consent for information storage and information sharing**

Do you agree for the information recorded on this assessment being shared with other practitioners and / or services in order to support you? Please tick as appropriate.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
If no or some, what information can/cannot be shared and with whom?			
<b>I agree that the information on this form can be securely stored centrally by the London Borough of Hillingdon</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent / Carer's Name:			
Signature		Date:	

Pleas be aware we will contact Social Services if at any time during the Early Help Assessment process the child / young person has been harmed or is at risk of harm or abuse.

Verbal consent to initiate an Early Help Assessment may be given by the young person (aged 12-16) and / or their parent / carer. However, written consent must then be obtained at the very first opportunity and BEFORE any information can be shared or stored electronically. For children under the aged pf 12, parental consent must be obtained before initiating an Early Help Assessment.



## Data and Processing Notice Consent

Information for the Public



### How are we using your information?

If your family is assessed as eligible to receive support from Stronger Families we will share your date of birth with The Ministry of Housing, Communities & Local Government for research purposes.



### How will it affect me?

It will not affect your benefits, services or treatments that you get.

Your information will be anonymous and handled with care in accordance with the law.



### Why is my information being shared?

We are sharing your information to ensure that correct services are made available to you. This is a consent-based service and you can withdraw consent at any time. Your records will be made available on request.

For more information, go to website [www.hillingdon.gov.uk](http://www.hillingdon.gov.uk) or send email to [strongerfamilieshub@hillingsdon.gov.uk](mailto:strongerfamilieshub@hillingsdon.gov.uk)

**I HAVE READ AND ACCEPT THE TERMS OF THIS AGREEMENT. I HAVE GIVEN CONSENT FOR THIS INFORMATION TO BE SHARED WITH THE RELEVANT PRACTITIONERS AND PARTNER AGENCIES.**

Signed:

\_\_\_\_\_

Name:

\_\_\_\_\_

Date:

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