**Early Help Assessment, Plan, Review and Closure**

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| Section 1 Lead Practitioner Details |

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| **Lead Professional Details** |
| This should be the lead practitioner working with the family |
| Name | Name | Telephone No. | Telephone Contact Number |
| Role | Role | Email | Email |
| Organisation | Organisation | Date started | Date |
| Organisation Type | Organisation Type | Date finished | Date |

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| Section 2: About my family |

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| **Child / young person’s details:**To add more rows click on the last row then click on the + |
| Forename | Surname | Gender | DOB orDue Date | Address & Telephone | Ethnicity | Disability/Diagnosis | Education Setting |
| Forename | Surname | Gender | DOB | Address | Ethnicity | Disability | School / Pre-school |
| Forename | Surname | Gender | DOB | Address | Ethnicity | Disability | School / Pre-school |
| Forename | Surname | Gender | DOB | Address | Ethnicity | Disability | School / Pre-school |
| Forename | Surname | Gender | DOB | Address | Ethnicity | Disability | School / Pre-school |

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| **Parent / Carer details:** To add more rows click on the last row then click on the + |
| Forename | Surname | Gender | DOB | Address & Telephone | Ethnicity | Relationship | ParentalResponsibility |
| Forename | Surname | Gender | DOB | Address & Telephone | Ethnicity | Relationship to Child | Choose an item. |
| Forename | Surname | Gender | DOB | Address & Telephone | Ethnicity | Relationship to Child | Choose an item. |
| Forename | Surname | Gender | DOB | Address & Telephone | Ethnicity | Relationship to Child | Choose an item. |

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| **Other Important People: Anyone who is important to the child / young person / family** To add more rows click on the last row then click on the + |
| Forename | Surname | Gender | DOB | Address & Telephone | Relationship |
| Forename | Surname | Gender | DOB | Address & Telephone | Relationship to Child |
| Forename | Surname | Gender | DOB | Address & Telephone | Relationship to Child |
| Forename | Surname | Gender | DOB | Address & Telephone | Relationship to Child |

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| **Details about the professionals involved** To add more rows click on the last row then click on the + |
| Name | Role | Organisation | Telephone No. | Email | Working with |
| Name | Role | Organisation | Number | Email | Name or whole family |
| Name | Role | Organisation | Number | Email | Name or whole family |
| Name | Role | Organisation | Number | Email | Name or whole family |
| Name | Role | Organisation | Number | Email | Name or whole family |

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| Section 3 My family support needs **CYP=Children and Young People** |
| Please select all needs/issues that apply |

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| Getting a good education | CYP at risk of persistent absence (Attendance <90%)  | [ ]  |  | neglect and exploitation | Child going missing from home  | [ ]  |
| CYP who are severely absent (Attendance <50%) | [ ]  | Child Sexual Exploitation (CSE) at risk or experiencing CSE  | [ ]  |
| CYP who are excluded or at risk of exclusion | [ ]  | Child Criminal Exploitation at risk or experiencing  | [ ]  |
| Ensuring the right support is in place for SEND  | [ ]  | Child experiencing harm outside of the family home  | [ ]  |
| Good early years development | Parents/carers in need of additional support  | [ ]  | Child Radicalisation - at risk of or affected by  | [ ]  |
| Child (0-5) Physical health needs not met  | [ ]  | Diverted from crime | Adult Anti-Social Behaviour (ASB)/Crime  | [ ]  |
| Child (0-5) with delayed development or not taking up funded entitlements | [ ]  | Child Anti-Social Behaviour (ASB)/Crime risk  | [ ]  |
| Mental and physical health | Child Mental Health needs support  | [ ]  | Child Anti-Social Behaviour (ASB)/Crime  | [ ]  |
| Adult Mental Health needs support  | [ ]  | Safe from domestic abuse | Support for victim of current/recent domestic abuse (DA)  | [ ]  |
| Adult or Child Physical Health Issues or learning disabilities needing support  | [ ]  | Support to address domestic abuse behaviours (perpetrator)   | [ ]  |
| Substance misuse | Adult Drug and Alcohol problem  | [ ]  | Support for children affected by Domestic Abuse  | [ ]  |
| Child Drug and Alcohol problem  | [ ]  | Stable housing | Families not in sustainable accommodation  | [ ]  |
| Good family relationships | Parent/carer needing support around child behaviour  | [ ]  | Families at risk of eviction | [ ]  |
| Parental and family conflict  | [ ]  | 16/17-year-old at risk of or excluded from home  | [ ]  |
| Child to parent/sibling violence and abuse  | [ ]  | Financial stability | Any adult in the family is workless  | [ ]  |
| Young Carers needing support  | [ ]  | Family need support with finances/have unmanageable Debt  | [ ]  |
| Safe from abuse,  | Family needing help to regularly meet child’s basic needs. Emotional, physical, sexual abuse, neglect (historic or current)  | [ ]  | Young person is not in employment education or training (NEET)  | [ ]  |
| Section 4 Early Help Assessment |

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| **What is going well** |
| What is going well for the family now, what are the strengths we can build on |
| Click or tap here to enter text. |

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| **What are we worried about** |
| What has happened or what are we concerned about |
| Click or tap here to enter text. |

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| **What needs to happen** |
| What has helped in the past? |
| Click or tap here to enter text. |

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| **Family Views and Scaling** |
| A diagram of a diagram of different types of health  Description automatically generated with medium confidenceGood school attendance and behaviour | A diagram of a diagram of different types of health  Description automatically generated with medium confidenceImproved physical and mental health | Recovery from substance misuse A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Good early years development A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Financial stability A diagram of a diagram of different types of health  Description automatically generated with medium confidence | A diagram of a diagram of different types of health  Description automatically generated with medium confidenceSecure housing  | Improved family relationships A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Safe from abuse and exploitationA diagram of a diagram of different types of health  Description automatically generated with medium confidence | Safe from domestic abuseA diagram of a diagram of different types of health  Description automatically generated with medium confidence | Families diverted from crimeA diagram of a diagram of different types of health  Description automatically generated with medium confidence |
| 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. |
| What are the views of the family including all of the children? |
| Click or tap here to enter text. |
| When will the plan be reviewed? |
| Click or tap to enter a date. |

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| Section 5 Family Plan To add more rows click on the last row then click on the + |

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| **GOALS - What are the key things your family needs support with?** | **Actions - What needs to happen to change this?** | **Who can help with this?** | **When does this need to happen by?** | **How will you know things are better for your children?** | **Completion Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap to enter a date. |
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| Section 6 Reviewing the plan |

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| **Reviews** To add more rows click on the last row then click on the + |
|  **Summary of review** What has changed for your family? What progress has been made so far? What are the family’s views.  |  Progress rating |  Plan to continue or close |
| Click or tap here to enter text. | Progress rating | Progress rating |
| A diagram of a diagram of different types of health  Description automatically generated with medium confidenceImproved physical and mental health | Recovery from substance misuse A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Good early years development A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Financial stability A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Secure housingA diagram of a diagram of different types of health  Description automatically generated with medium confidence  | Improved family relationships A diagram of a diagram of different types of health  Description automatically generated with medium confidence | Safe from abuse and exploitationA diagram of a diagram of different types of health  Description automatically generated with medium confidence | Safe from domestic abuseA diagram of a diagram of different types of health  Description automatically generated with medium confidence | Families diverted from crimeA diagram of a diagram of different types of health  Description automatically generated with medium confidence |
| 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. |

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|  **Summary of review** What has changed for your family? What progress has been made so far? What are the family’s views.  |  Progress rating |  Plan to continue or close |
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| 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. |

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| Section 7: Closure |

Complete this section when it’s time to close the Early Help Plan

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| About the closure |
| When did Early Help end? | What was the reason for closure? |
| Date | Closure reason |

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| Summarise how progress will be sustained after closure: |
| Thinking about the goals, what does the family need to keep working on to keep this progress going? Who can help? | Click or tap here to enter text. |
| How will the family manage any difficulties that may re-emerge in the future? | Click or tap here to enter text. |
| Are there any needs remaining for the family and is there a service in place to address this need? | Click or tap here to enter text. |

Please let us know that you’ve completed your support with the family by emailing the form to familyhubs@southtyneside.gov.uk

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| Privacy Notice and Consent |

1. South Tyneside 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):
2. to identify children, young people and families who are in receipt of or are eligible for help and support;
3. to understand and meet the needs of children, young people and families;
4. to ensure services across a range of organisations are coordinated and focussed on children, young people and families with the most pressing needs;
5. to participate in research to assess how well the services are working in delivering better long-term outcomes for children, young people and families
6. In order to carry out these purposes, any personal and sensitive information you provide will be collected, used, shared and held by South Tyneside Council for the purposes of providing support to you and your family.
7. South Tyneside Council and its partner organisations take their 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. South Tyneside 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.
8. 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.
9. Where appropriate and in order to make the best decisions for children and young people, South Tyneside Council and its partner organisations will share your information with other services and also with other relevant organisations, such as the NHS, schools and the Police etc. We may also provide some information to relevant government departments, such as the Department for Education or the Department for Levelling Up, Housing and Communities (DLUHC). This is done for reporting purposes and in order to make the services better, and the information is provided on an aggregated basis, meaning we don’t provide any information that identifies you as an individual.
10. 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
11. 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 us or refer to our privacy notice [Click here for more information](https://www.southtyneside.gov.uk/article/18375/Privacy-notice-South-Tyneside-Family-Hubs)
12. 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 |
| Choose an item. | Name |  | Click or tap to enter a date. |
| Choose an item. | Name |  | Click or tap to enter a date. |