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| **Early Support Assessment**  |
| **Section 1: The Child**  |
| Surname |  | First Name |  |
| Due date or Actual DOB |  | Gender |  |
| Ethnicity |  | Primary Language |  |
| Primary Address |  | Contact Number |  |
|  Email  |  |
| **Section 2: Parent or Carers Details** |
| Surname |  | First Name |  |
| Actual DOB |  | Gender |  |
| Ethnicity |  | Primary Language |  |
| Primary Address |  | Contact Number |  |
|  Email |  |
|  Parental responsibility? |  Yes [ ]  |  No [ ]  |
|  Surname |  |  First name |  |
|  Actual DOB |  |  Gender |  |
|  Ethnicity |  | Primary Language |  |
|  Primary Address  |  |  Contact Number  |  |
|  Email |  |
|  Parental Responsibility? |  Yes [ ]  |  No [ ]  |
|  **Has somebody with parental responsibility for the child/young person given consent to contact being made with other agencies?** |   Yes [ ]  |  No [ ]  |
|  **Section 3: Family Information** |
| **Current Familial Relationships** |
| Other household members (Including siblings) living in the home. |   Full Name (first and surname) |  Age |   Relationship |
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|  Those living elsewhere who are involved with the child/children. |  Full Name |  Age |  Relationship |
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|  **Section 4: Referrer Details** |
|  **Professional undertaking assessment** |
|  Name  |  |  Are there any other existing assessments currently in place?  | [ ]  My Support Plan[ ]  EHCP[ ]  SEN Pupil[ ]  Looked after child[ ]  Young Carers [ ]  Behavior Support[ ]  Education Welfare Officer[ ]  Pupil Premium [ ]  Other  |
|  Position |  |  Is this a step down from social care?  |  |
|  Email |  |  |  |
|  Organisation |  |  |  |
|  Telephone Number |  |  |  |

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| **Section 5: Early Support Assessment** |  |
| **Date Assessment Started** |  |  |
| **Has there been any previous support in place?** |
| Episode Date | End Date | Lead Professional |
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| **Other Information** |
| **Reason for assessment:** |
| Is anyone in the household considered a carer and eligible for a carer’s assessment? |  | Are they a military family? If yes, please provide further details if known. |  |

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| **Section 6: Assessment - Child/Young Person/Family** |
| Take time to reflect before you complete this assessment |

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| Prepare yourself to be in the best position to complete this assessment. Take time to consider:* Are you emotionally available?
* Are you present and able to listen fully?
* Are you able to remain calm in the situation?
* Is your body language positive and non-judgmental?

If not, this may not be the best time to complete the assessmentWorking in this way supports building trust, helps family to be able to talk about their experience and will help you and the family you’re working with to have the most effective conversation |  |

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| Consider key contextual factors that may affect the child and family situation when completing this assessment. (these can include strengths as well as vulnerabilities) |  **Health and Wellbeing**Emotional and mental healthLong term health condition Complex health needs | **Wider social factors**Domestic abuseFood povertyHousing conditions Social isolation Substance misuseNeglect Relationships – family / peer  |  **Learning** Education Child development  Contextual safeguarding / exploitations |
| Why is support needed now? And what will be the impact on the family or child if the support is not provided at this time?  |  |
| What are the family/young person’s strengths and protective factors? |  |
| Are there any risk factors or vulnerabilities identified within the family, the children’s circumstances, or the environment? If yes, please give details. |  |
| Are there any perceived barriers to working with the family/young person or safety risks**?** |  |

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| **Section 7: Summary** |
| Child/Young Person's Wishes and Feelings |  |
| Parent/Careers wishes and feelings |  |
| Overall Analysis: Conclusion and recommendation |  |

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| **Section 8: Outcomes** |
|  Outcomes  |  [ ]  ESA to be registered [ ]  TAC/F to be convened. Agreed date of first TAC/F:       [ ]  Lead Professional:       |
|  | To register this assessment, please email or scan a copy to **ESA@wiltshire.gov.uk**If you are unable to send electronically, then please post to ESA Team, MASH, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, BA14 8JN |

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| **IMPORTANT: Consent for the Early Support Assessment** |
| **Name of Child/Young person:**  | **DOB:**       |
| **We need consent to be able to work with other professionals to offer the best help possible. Please read this page and indicate you are happy for us to share the information in this ESA with other professionals in order to coordinate support.**  |
| **Privacy Notice** |
| Wiltshire Council holds and processes personal data in accordance with all current legislation relating to data protection and complies with the General Data Protection Regulation 2016. You can access further information at <https://www.wiltshire.gov.uk/children-young-people-families-childrens-services-privacy> |
| **Consent statement** |
| I have read the contents of this Early Support form (which includes the and Review Form [if completed]) and understand information may be shared between different professionals working with my family in connection with this early help process. Such professionals may include, amongst others, teachers, nurses, therapists, psychologists, youth workers, social workers, education support services, community health services, early years services, voluntary sector, police, army welfare, bordering local authorities and lead professionals in other counties as appropriate (you can note any exceptions below). |

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| **Giving your consent** |
| ***I have read and understood the consent statement above.******I am aware of and understand the reasons for this Early Support Assessment.******I/we have given consent to this Early Support Assessment and also give consent for it to be registered & shared (including with lead professionals in other local authority areas as appropriate).*** |
| Name of person giving consent:      Relationship to child:      Date:      Consent confirmed by (name of assessor):       |  |

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| **Exceptions:** |
| Please state any services or agencies you **do not** wish to share information with and give supporting reasons. |  |

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| **For the professional completing and registering this form:** |
| I confirm the original copy of this Early Support Assessment form has been given to the child young person **and/or**I confirm the original copy of this Early Support Assessment form has been given to the parent(s)/carer(s). |
| Name:       | Signature:       | Date:       |