

Example Early Help Assessment

Information for children, young people and families

- When the form refers to “you” it means the child or young person being assessed.
- This form belongs to you. It is to help you record information and make a plan. The information you share with us will not be shared with anyone else without your consent unless you are at risk of harm
- You should keep the original copy of this form. Keep in a safe place with other important documents.
- You can use this form at meetings and appointments so that you can share important information easily and others can know about your plan.
- You can also ask for the form to be updated if your plan changes.

Your details

Child or young person’s details

Name	Mary Bloggs Colin Bloggs		
Telephone/Contact details 07869256*** – Mum 07765195*** – Dad 01278 374***			
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	DoB or EDD	18.10.2005 - M 21.05.2007 - C
Address 57 Tangier Way, Highbridge, Somerset			
Post code	TA9 8SB		

Ethnicities

<input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> Any Other Ethnic Group <input type="checkbox"/> Asian / Asian Bri – Bangladeshi <input type="checkbox"/> Asian / Asian Bri –Indian <input type="checkbox"/> Asian / Asian Bri – Other Asian <input type="checkbox"/> Asian / Asian Bri –Pakistani <input type="checkbox"/> Black or Black British African <input type="checkbox"/> Black or Black British Caribbean <input type="checkbox"/> Black or Black British Other Black <input type="checkbox"/> Chinese <input type="checkbox"/> Client declined	<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Mixed – Other Mixed Background <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Black Caribbean. <input type="checkbox"/> Vietnamese <input checked="" type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other Cultural Background <input type="checkbox"/> White Other European
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Child or young person's details continued

Religion	N/A		
First language	English	What dialect?	N/A
Do you understand written English? Please tick		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you disabled? Please tick as appropriate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, give details N/A			
Do you need an interpreter or signer? Please tick as appropriate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, has this been arranged? Please tick as appropriate		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Details of any special requirements N/A			
Who lives with you?			
Name	Date of birth	Relationship to you	
Dianne Bloggs	29.08.1983	Mother	
Peter Bloggs	11.09.1977	Father	
Wendy Bloggs	12.09.2014	Sister	
Other significant family members (e.g. friends, family, parents without parental responsibility)			
Name	Date of birth	Relationship to you	
Daisy Bloggs	16.06.1951	Paternal Grandmother	
Jack Bloggs	30.09.1949	Paternal Grandfather	
Mary Smith	Unknown	Maternal Grandmother	

Details of person/s with parental responsibility

Name	Dianne Bloggs	Name	Peter Bloggs
Address 57 Tangier Way, Highbridge, Somerset		Address 57 Tangier Way, Highbridge, Somerset,	
Contact details	07869256***	Contact details	07765195***
Relationship to you Mother		Relationship to you Father	
First language	English	First language	English
Is written English understood? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is written English understood? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter / signer needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Interpreter / signer needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, has this been arranged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, has this been arranged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

People / Agencies involved with your family

Agency	Practitioner's Name	Contact Details	Contributed towards assessment?
GP	Burnham on Sea Medical Centre	01278 795***	No
School / Nursery	Berrow School – Gemma Matrix	01278 789***	Yes
Health Visitor / School Nurse	Amy Austall	0300 3230***	No
Add other agency/ies involved with the child/family below:			
Getset	Lisa Perry	07439417***	Yes

Our details (the professional undertaking this assessment)

Date of assessment (THIS NEEDS TO BE COMPLETED) 18/09/2015	
Name of person undertaking assessment Lisa Perry	
Role	Family Support Worker
Organisation	getset
Address and Postcode: Highbridge Children's Centre, Highbridge, TA9 3JD	
Contact details (Phone & Email) 01278 78**** Lperry@somerset.gov.uk	

Family background – what has happened in the past, what is happening now, what is the presenting need for this assessment?

<ul style="list-style-type: none"> • The family were referred to getset by the GP regarding behavior concerns. The GP referred to CAMHS however CAMHS advised a referral to getset. • There was anti-social behavior in the neighborhood until recently as the family have just moved from Bridgwater to Highbridge. Being new to the area the family are isolated within their community. • There has been historic Domestic Violence within the home and mum was in a refuge when Mary was young. Mum and Dad have since worked through this and are still together. • Family relationships are poor which causes stress within the home. Dianne and Peter struggle working together and the children notice this. Mary and Colin have both expressed that they do not like hearing their parents shouting. • Mary and Colin also have a poor relationship and tend to irate one another. • Mary has poor self-esteem due to bullying and a limited number of friends. Mary's sleep patterns are becoming affected; Mary has started to be sick and self-harm as a result of anxiety. • Colin's behavior has escalated and resulted in PCSO involvement. Colin has become verbally and physically aggressive towards mum. Mum and dad felt PCSO involvement was necessary due to the severity of Colin's behavior. Colin has since visited the Police Station and had a guided tour. This consisted of what would happen if his poor behavior continued. • Mary and Colin are doing well academically. • Mary and Colin attend extracurricular activities.

getset Early Help Assessment – Summary

Think about the strengths and needs in the following areas. It is not necessary to comment on everything but to make comments focused on the strengths and needs that are important to you.

1. Your development

Your health; how you feel about yourself and your friendship with others; how you look after yourself; what you can achieve for yourself; how your nursery, school or college is going (how are you doing and whether you enjoy it); what your ambitions are.

Strengths	Worries/Needs
<p>identified by you (child or YP – please state if the child is too young and you have used observations to make her/his contribution, try to use the child’s own words where possible)</p>	<p>identified by you (child or young person– please state if the child is too young and you have used observations to make her/his contribution)</p>
<p>Mary (<i>three houses exercise</i>)</p> <p>House of Good Things:</p> <ul style="list-style-type: none"> - <i>When Winnie giggles and laughs and plays with us</i> - <i>When Mummy and daddy don't argue</i> - <i>When my friends play with me</i> <p>House of Dreams:</p> <ul style="list-style-type: none"> - <i>More Days out</i> - <i>To go to my cousins more</i> - <i>To have more friends</i> - <i>To be in a house where we are near school friends</i> - <i>For Colin not to hurt me and my family for no reason</i> <ul style="list-style-type: none"> - I (assessor) have observed that Mary is proud that she has achieved a goal in sleeping in her own bed. - I have observed that Mary has improved her listening skills and will acknowledge she is listening when she is being spoken to. - 	<p>Mary (<i>three houses exercise</i>)</p> <p>House of Worries:</p> <ul style="list-style-type: none"> - <i>When people bully me</i> - <i>For mum and dad not to argue</i> - <i>To be allowed to play outside</i> - <i>When I do not spend enough time with my family</i> - <i>For us to play games together some days</i> <ul style="list-style-type: none"> - Mary worries when the family goes on their family holiday to America in October she will not have any friends when she returns. Mary fears that the bullies will turn the other girls against her while she is away.
<p>Colin (<i>three houses exercise</i>)</p> <p>House of Good Things</p> <ul style="list-style-type: none"> - <i>When Mum and Dad don't argue</i> - <i>When Winnie is happy</i> - <i>When people don't bully my friends</i> 	<p>Colin (<i>three houses exercise</i>)</p> <p>House of Worries</p> <ul style="list-style-type: none"> - <i>Mum and Dad to stop arguing</i> - <i>Mary to stop fighting and pinching me</i> - <i>Mary to stop going into my bedroom when I am trying</i>

House of Dreams

- More clothes
- More toys
- A new house closer to Nana

- I have observed Colin at school walking from one class to another being polite to staff and children.
- I have spoken to Colin re his future ambitions – Colin would like to be a traffic officer.

suggested by the parent/carer

Dianne

- Mary is sleeping in her own bed
- Mary is improving academically
- Mary and Colin are due to join the church group during the last week of the holiday
- Mary and Colin are attending Science and Newspaper club at school

suggested by us (the practitioner)

School

- Mary has been actively working on improving self-esteem, social groups and self-harming at school
- Mary engages in all activities and has the opportunity to share any positive or negative work

getset

- Mum and Dad have actively listened to the concerns raise around bed time routine and are encouraging the children to go to bed with limited adult intervention
- Mary and Colin have excellent school attendance
- Mary has made one close friend called Ellie

to go to sleep

“Daddy does not like all the people that mummy does” – Colin

suggested by the parent/carer

Dianne

- Play times at School – possible options to encourage friendship groups
- Hygiene – limited number of baths/showers
- Poor attitude
- Limited variety of trying food

suggested by us (the practitioner)

School

- No worries within this area

getset

- Mary and Colin’s ability to understand road safety and stranger danger
- Colin’s support for sensory delay at school

Mary and Colin’s sleep routine and sleeping in their own bedroom without mum or dad

2. Parents and carers

What you think is important about caring for your child (eg keeping your child safe, loved and cared for); how you provide direction and guidance (including discipline).

Strengths suggested by the parent/carer	Worries/Needs suggested by the parent/carer
<p>Dianne</p> <ul style="list-style-type: none"> - Although listening skills are limited on the odd occasion Mary and Colin do listen - If Mary and Colin are motivated to do a task it works well - Dianne and Peter are actively putting rules and boundaries in place - Family disagreements have decreased 	<p>Dianne</p> <ul style="list-style-type: none"> - No boundaries - No listening skills Working together as a family
suggested by us (the practitioner)	suggested by us (the practitioner)
<p>getset</p> <ul style="list-style-type: none"> - Mary and Colin's needs are continuously met - Mum and Dad's motivation and enthusiasm to make their situation work <p>Mum and Dad constantly discuss their situation and are working towards working together</p>	<p>School</p> <ul style="list-style-type: none"> - No worries within this area of the families' lives <p>getset</p> <ul style="list-style-type: none"> - Mary and Colin's poor relationship with one another - Colin's aggressive behaviour and poor use of language

3. Family and environment

Your family history; how, as a family, do you get along; what do you think about where you live, both housing and the area; whether you have money worries; what you think about your community and whether you feel part of it.

Strengths suggested by the parent/carer	Worries/Needs suggested by the parent/carer
<p>Dianne</p> <ul style="list-style-type: none"> - Mary and Colin are making their own breakfast and experimenting with different breakfast foods - Moving house closer to the children's school - Mary and Colin are enthusiastic about joining local clubs - We are financially managing ok - Family dynamics 	<p>Dianne</p> <ul style="list-style-type: none"> - Isolated from friends and family due to recent house move - Danger stranger - Local road safety - Concern about family members being controlling

suggested by us (the practitioner)
<p>getset</p> <ul style="list-style-type: none"> - Mary and Colin's needs are met - Strong family network

suggested by us (the practitioner)
<p>School</p> <ul style="list-style-type: none"> - No worries within this area of the families' lives <p>getset</p> <ul style="list-style-type: none"> - Controlling family members (Paternal Grandparents) - The strict discipline from extended family members - Isolated due to new house and new area

4. Child or Young Person's views on the assessment

Mary and Colin chose not to comment on their views of the assessment.

5. Parents' or Carers' views on the assessment

Dianne and Peter would have liked more of a school input on the assessment. They had hoped the new head teacher would attend to ensure he was aware of the current situation and felt it would have been a nice introduction to understand their particular family.

Dianne & Peter said:

"We would like to access support when the situation is happening. This will improve our strategies and ideas in how to manage the situation".

"We are beginning to work together now by Dianne implementing the rules and boundaries however we decide them together".

Your goals

Child / young person's goals - what you want to achieve, what you want to be different?

- Mary did not want to comment on the goals however she did nod when I asked if she felt positive about the goals.
- Mary feels the situation will be positive if all the actions are in place and worked towards.

What changes are needed to achieve these goals?

- Mary did not comment further when I asked what changes are needed. She just said she wants to stop being bullied and be friends with Ellen and Rebecca.
- Liaison with school around alternative playground option for Mary.
- Liaison with Gail Maxwell, class teacher and head teacher.

Parents' or Carers' goals - what you want to achieve for your child/young person or family?

- Peter would like Mary to return to her confident and positive self.
- Paul would like Mary to become a child again rather than a vulnerable young adult.
- Dianne would like Mary to receive help at school. Deborah said academically Mary is achieving however socially she is struggling.
- Dianne and Peter would like Colin to receive consistent support at school that meets his needs.

What changes are needed to achieve these goals?

- Gemma to complete a piece of work with Mary every Friday on Self Esteem, Social Groups and Self Harm.
- Parents to take Mary to the GP and explain Mary's current state of mind.
- Assessment at school of Colin's needs.

Our goals (the professional practitioner)

What goals do you, the practitioner, feel need to be met for/by the family?




- Professionals would like to see the family network improve.
- Getset would like to see a continued school link to ensure Mary and Colin's individual needs are met.

What changes are needed to achieve these goals?

- Involve school and ask for an up to date assessment of Colin's needs.
- Mary to attend the GP surgery and be assessed by a doctor.
- Offer opportunity for a family meeting to discuss the overarching concerns re managing behavior.
- Offer 1:1 sessions in managing behavior at home.
- Offer 1:1 support in ensuring both Mary and Colin are safe when out in the community.
- Offer 1:1 session to Mary and Colin to support their feelings and wishes.

Your wellbeing scale (must be completed)

Given what you have talked about, where would you rate yourself now (or your child if under 5) on a scale of 1-10 (please tick)?

										
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action Plan

What needs to happen next –what is the plan to achieve all of our goals? Include the actions of those people present at the assessment but also from those already involved with the family and those you want to be involved – this is **NOT** a referral request it is a support plan, it will be reviewed at the Team Around the Child (TAC)

What are our Goals and Aims	What actions or support are required?	Who will be doing this?	On what date will this be reviewed?
Mary to have improved emotional health and wellbeing.	School to work with Mary on a Friday on self-esteem, social groups and self-harm. <i>If School is unable to fulfill one session it is vital school have informed Mary of this.</i>	School - Gemma	19.11.2015
	Mary to be assessed by a GP - Parents to take Mary to the GP and request an assessment of her emotional state.	Dianne and Peter	19.11.2015
Mary to feel supported and happy at school.	School to arrange a meeting with all professionals involved to discuss bullying. School to arrange alternative provision for Mary to ensure she is not a victim of bullying.	School - Gemma	19.11.2015
Colin to receive consistent support at school	Care plan to be assessed to ensure Colin's needs are met. Colin to receive continued support at	School	19.11.2015

	<p>school within phonics and maths.</p> <p>Colin will received support at school to change after physical education and swimming.</p> <p>Colin will eat his lunch either in the classroom or in the main hall with an adult watching over.</p>	School	19.11.2015
Colin's sensory delay at home is met.	getset to complete a Family Fund Application.	getset	19.11.2015
Dianne and Peter to have an improved, calmer relationship	<p>Dianne and Peter work together and use common techniques to provide continuity with counseling support.</p> <p>getset to refer to Somewhere House for counseling support for Dianne and Peter.</p>	getset	19.11.2015
Mary and Colin to understand safety within the community.	getset will complete 1:1 support re stranger danger and road safety.	getset	19.11.2015
Dianne and Peter to use common strategies in managing behaviour and implementing routine.	<p>getset will offer 1:1 sessions in managing behaviour and routine.</p> <p>getset to organise a family meeting to discuss managing behaviour with extended family</p>	getset	19.11.2015
Date of first Team Around the Child (TAC) Meeting?		19.11.2015	

**What will tell us that things have improved?
What will we be looking for when we meet again?**

Colin's sensory delay will improve as his needs will be met at school and at home.
Mary will be happier and back to her bubbly self.
Mary and Colin's behaviour will improve.
The family network will be stronger.

Your consent for information sharing and storage

(Please send a copy of this page, signed, to the Early Help Assessment Coordinator)

Do you agree to the information recorded on this form being shared with other practitioners and /or services in order to support you? Please tick as appropriate			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
If no or some, what information can/cannot be shared and with whom?			
I agree that the information on this form can be securely stored centrally by the Early Help Assessment (CAF) Team			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Carers' Name:	Dianne and Peter Bloggs		
Signature:		Date:	18/09/2015
Child's Name:	Mary Bloggs Colin Bloggs	DOB	15.12.2005 25.06.2007

Give a copy to the child, young person or family, retain a copy for the practitioner and, if consent is given, send a copy to:

Early Help Assessment Coordinator, PP B2S3, County Hall, Taunton, Somerset, TA1 4DY

E-mail - cafcoordinator@somerset.gov.uk

Secure Email - cafcoordination@somerset.gcsx.gov.uk

Telephone - 01823 355803

This is for secure storage and to avoid duplication only. The Early Help Assessment Team will not use this Early Help Assessment for any other purpose or share information without your consent.

If you do not consent to information being shared, this may impact on our ability to provide services to you and your children.

Data Protection Notice

The personal information that you give us will be processed by Somerset County Council in accordance with the Data Protection Act 1998 and will only be used for the purpose(s) of providing services to you and your children. This information will only be shared within the Council and with other organisations to ensure the best possible outcomes for your family but may also be disclosed if required by over-riding legal statute or, to protect you or others from harm. If you would like to see your personal information held by the Council please complete the [Application to see personal information form](#) on the web-site or contact the Information Request Team informationrequest@somerset.gov.uk or phone **0300 123 2224**.

Are you referring to any of the following services?

Please tick as appropriate

<input type="checkbox"/>	Child & Adolescent Mental Health Services
<input type="checkbox"/>	Integrated Therapy Services
<input type="checkbox"/>	Other

Early Help Assessment Form Appendix 1 –

Ensure this Early Help Assessment is sent with the referral to any of the following services:

For referrals to Speech & Language Therapy / Child & Adolescent Mental Health Services (CAMHS). Please tick as appropriate

<input type="checkbox"/> Teenage parent	<input type="checkbox"/> Substance use effecting NEET	<input type="checkbox"/> CLA/care leave
<input type="checkbox"/> Engaged with YOT	<input type="checkbox"/> Involved in negative peer group	<input type="checkbox"/> Child Protection Plan
<input type="checkbox"/> Learning difficulties/disabilities	<input type="checkbox"/> Statement of SEN	<input type="checkbox"/> Asylum seeker/refugee
<input type="checkbox"/> Non-attender/early leaver	<input type="checkbox"/> Young carer	<input type="checkbox"/> Previous convictions
<input type="checkbox"/> Permanent exclusion	<input type="checkbox"/> Fixed term exclusion	<input type="checkbox"/> Anti-social behaviour
Other		

Additional information required (Speech and Language Therapy only)

<p>Please state the reasons for referral</p> <p>Children may have difficulties with attention, listening, understanding talking and/or social interaction. There may have problems with speech sounds, articulation, voice and/or fluency (stammering)</p>
<p>Are there other concerns (e.g. medical problems, physical development, play skills)?</p>
<p>Has the child's hearing been checked within the last 12 months? (If not, a simultaneous referral to Audiology should be considered)</p>

Additional information required for referral to CAMHS –

Please state the reasons for referral to CAMHS	
<p>GP details (if not already given)</p>	
Marital Status	
Immigration Status	

Somerset Early Help Assessment Tracking Form

To be completed and returned with the Early Help Assessment

If Assessment not completed / consent not given to share please complete all.
**If Assessment completed and consent given to share please start from
Section 2**

Section 1 :Worker Details					
Name:					
Role:					
Service and Organisation:					
Telephone:		Email:			
Child Details					
Surname:		Name:			
DOB/EDD:		Date Early Help Assessment commenced:			
Was the Early Help Assessment Completed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If No , why not? (please tick one):		
Consent withdrawn before CAF completed		<input type="checkbox"/>	Family moved out of Somerset	<input type="checkbox"/>	
Escalated to CSC		<input type="checkbox"/>	Other	<input type="checkbox"/>	
If other, please give details					
At Closure the family's needs had:					
Decreased		<input type="checkbox"/>	Stayed the Same	<input type="checkbox"/>	
Increased (referral to other agency)		<input type="checkbox"/>	Increased (CSC Referral made)	<input type="checkbox"/>	

Section 2: If Early Help Assessment Completed: Please insert LP details, if known						
Was consent received to share assessment with SCC:		Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	If yes , email assessment form to EHA Coordinator.
Lead Professional name:	Lisa Perry					
Lead Professional role:	Family Support Worker					
Lead Professional Organisation:	Getset					
Lead Professional telephone:	01278 780***	Lead Professional email:	Lperry@somerset.gov.uk			
Presenting Needs (from Early Help Assessment): Please tick <i>all</i> that are appropriate						
Adults or children with potential crime problems	<input type="checkbox"/>	Child Sexual Exploitation (CSE) concerns	<input type="checkbox"/>	Missed multiple immunisations	<input type="checkbox"/>	
Adults/children referred with unhealthy behaviours eg obesity, malnutrition or diabetes	<input type="checkbox"/>	Child Sexualised behaviour	<input type="checkbox"/>	Not in Education, Training Employment (NEET)	<input type="checkbox"/>	
Adult Disability / Special Educational Need	<input type="checkbox"/>	Child Substance / Alcohol Misuse	<input type="checkbox"/>	Not taking up Early Years Entitlement	<input type="checkbox"/>	
Adult frequently in/out of work	<input type="checkbox"/>	Child Victim of Bullying	<input checked="" type="checkbox"/>	Parenting	<input checked="" type="checkbox"/>	
Adult Mental / Emotional health	<input checked="" type="checkbox"/>	Community Isolation	<input checked="" type="checkbox"/>	Parent Substance / Alcohol Misuse	<input type="checkbox"/>	
Adult Physical Health	<input type="checkbox"/>	Debt / Money Management	<input type="checkbox"/>	Parent serving community service in last 12 months	<input type="checkbox"/>	
Adults with a proven offence in the last 12 months	<input type="checkbox"/>	Domestic Abuse	<input checked="" type="checkbox"/>	Parents with less than 12 months on sentence	<input type="checkbox"/>	
Child Bully	<input type="checkbox"/>	Direct Payments	<input type="checkbox"/>	Pupil is not on a school roll	<input type="checkbox"/>	
Child Challenging Behaviour	<input checked="" type="checkbox"/>	Economic Disadvantage	<input type="checkbox"/>	School Attendance Issues	<input type="checkbox"/>	
Child Disability / Special Educational Need	<input checked="" type="checkbox"/>	Family Function	<input type="checkbox"/>	Self-Harm	<input checked="" type="checkbox"/>	
Child in Pupil Referral Unit or alternative provision	<input type="checkbox"/>	Gang member	<input type="checkbox"/>	Teenage Pregnancy (under 18)	<input type="checkbox"/>	
Child Mental / Emotional health	<input checked="" type="checkbox"/>	Homelessness issues	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>	
Child Neglect	<input type="checkbox"/>	Housing / Rent Issues	<input type="checkbox"/>	YP leaving school with few/no qualifications - NEET	<input type="checkbox"/>	
Child Physical health / Development	<input type="checkbox"/>	Missed appointments with the health visitor	<input type="checkbox"/>			

Please tick as appropriate below: (This must be completed)			
If Child Sexual Exploitation (CSE) is a concern, has the CSE Screening Tool been completed?	Yes:	<input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Is this Early Help Assessment Episode as a result of a step-down process from Children's Social Care?	Yes:	<input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Was a referral to Children's Social Care made as a result of this assessment?	Yes:	<input type="checkbox"/>	No: <input checked="" type="checkbox"/>
If a referral to any other service was made, please identify which service/services:			
Did the assessment result in the Early Help Assessment being closed?	Yes:	<input type="checkbox"/>	No: <input checked="" type="checkbox"/>
Date Early Help Assessment Closed:	N/A		
Reason for Closure:			
Needs Met	<input type="checkbox"/>	Consent withdrawn before actions delivered	<input type="checkbox"/>
Family moved out of Somerset	<input type="checkbox"/>	Escalated to CSC	<input type="checkbox"/>
If moved out of Somerset, has cross border handover been made?			<input type="checkbox"/>
Other:			
At Early Help Assessment Closure the family's needs had:			
Decreased	<input type="checkbox"/>	Stayed the Same	<input type="checkbox"/>
Increased (Referral to other agency)	<input type="checkbox"/>	Increased (CSC Referral made)	<input type="checkbox"/>