

Early Help Referral Form - Children's Centre Multi Agency Team CAF (Common Assessment Framework)

Please return this referral form to MATcoordinator@learningtrust.co.uk or
MATcoordinator@learningtrust.co.uk.cjism.net (Secure email)

Child's Details *If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.*

Given name (s)

Family Name

AKA / previous names

Date of birth *If unborn, expected due date*

Gender Male Female

Address & postcode

Telephone number

Ethnicity

- | | | |
|---|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish | <input type="checkbox"/> Traveller of Irish heritage |
| <input type="checkbox"/> Gypsy/ Roma | <input type="checkbox"/> Any other White background | <input type="checkbox"/> European |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Indian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Cypriot | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> Information not yet obtained | <input type="checkbox"/> Not stated |
| | Please specify any other ethnic group | |

Faith or religion

Child's first language

Carer's first language

Is an interpreter required? Yes No

Does the child have a disability? Yes No

If 'yes, please give details, including any special requirements

Parent/Carer Details

Parent/ Carer 1

Name **Date of birth**

Relationship to child

Parental responsibility? Yes No

Address & postcode

Telephone number

Does the parent have a disability? Yes No

Parent/ Carer 2

Name **Date of birth**

Relationship to child

Parental responsibility? Yes No

Address & postcode

Telephone number

Does the parent have a disability? Yes No

Family and Household Details

Family structure including siblings, other significant adults etc. Who lives with the child and who does not live with the child?

Name	Address & postcode	D.O.B	If child, which setting do they attend	Relationship to child

Name

Role

Organisation

Email address

Telephone number

Address & postcode

Have you completed a home visit? Yes No

Have you seen the child? Yes No

Person/s Undertaking the Assessment

Professional Network

Service	Contact person/s	Telephone	Email address
Universal	GP		
	School / Early Years Setting / Education / Training Provision		
	Health Visitor		
Complex High Risk Services / Universal Partnership Plus			

Early Help Initial Assessment

Record evidence and comments below, where relevant

Please refer to agreed definitions in Hackney Wellbeing Framework <http://staffroom.hackney.gov.uk/cypsdirectorate.htm>

What are you concerned about?

What needs to change?

Child Development <i>Health & emotional health – immunisation, health needs</i> <i>Education – development / milestones, exclusion from education</i> <i>Wellbeing & behaviour – challenging behaviour that parents find difficult to manage</i>	
Strengths	Needs

Family and Environmental Factors <i>Social and Neighbourhood – employment, difficulties with peer relationships, learning difficulty that places the child/young person in vulnerable situation, antisocial or offending behaviour, child not exposed to stimulating experiences, inadequate or overcrowded housing, isolation, harassment or victim of crime, children appear unkempt</i>	
Strengths	Needs

Parent Capacity to Respond to Child’s Needs <i>Parents/parenting – mental and physical health that can impact on the care of the child, substance misuse, domestic violence/abuse, parent learning difficulties, lack of consistent boundaries, postnatal depression, excessive anxiety regarding child’s health</i>	
Strengths	Needs

Give an analysis of how the family were affected by any difficulties in the past and how the current situation is affecting them

Birth of children, bereavement, eviction, job loss, prison, homelessness, past and present interventions or agency involvement etc Family structure including siblings, other significant adults etc.

Information Sharing Agreement

Before any further actions can be undertaken, the following declaration must be signed.

I/we understand that the information I give to staff meeting with me will be stored on files and computers, and that this will be used in accordance with the Data Protection Act (1998). I agree to information about me being shared as indicated below where this is necessary to conduct an assessment and arrange and provide services

* Please delete as appropriate

Agreed arrangements for sharing of information (related to Options B and/or C above):

I have had the reasons for information sharing explained to me and I understand those reasons.

I agree to the sharing of information, as agreed, between the services listed below (for options B or C above)

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Signed			
Name		Date	

Signed			
Name		Date	

Assessor			
Signed			
Name		Date	

Exceptional circumstances: concerns about significant harm to infant, child or young person

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do If you're worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006) (www.ecm.gov.uk/workingtogether). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

Conclusions, Solutions and Actions

Now that the assessment is completed you need to record conclusions, solutions and actions. Work with the baby, child or young person and/or parent or carer, and take account of their ideas, solutions and goals

What are your conclusions?

For example, strengths, no additional needs, additional needs, complex needs, risk of harm to others

What needs to change?

For example what outcomes, solutions and goals do the child/young person, parent/carer and you want to achieve?

In order of priority

Action	Who will do this?	By when?

Agreed review date	
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Action plan - How will you know when things have improved?