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| **Early Help Wellbeing Assessment** | | | |
| **Confirm consent has been given to complete this assessment:** | | **Yes**  **No   *You must not proceed with this assessment without consent*** | |
| **Person completing the assessment:** | **Name:**  **Role:** | **Email:**  **Tel No:** | |
| **Chronology of Significant events**  **attached (if in use):** | **Yes  No** | **Date Assessment Started:** |  |

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| **All children in the family:** | | | | | | |
| **Name** | **DoB/EDD[[1]](#footnote-1)** | **Gender** | **Disability** | **Address** | **Ethnicity** | **Religion** |
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| **Languages Spoken and Communication Needs** | | | **Schools/Settings** | | **Special Educational Needs**  **and/or Records of Need** | |
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| **All family household members:** | | | | | | |
| **Name and Preferred Contact Details** | **DoB/EDD** | **Gender** | [**Parental Responsibility**](https://www.cab.org.je/index.php?option=com_content&view=article&id=290:parental-responsibilityresidence-ordercontact-83040&catid=89&Itemid=107) **(PR)**  Sole, joint or no PR | **Ethnicity** | **Religion** | **Relationship to Child** |
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| **Other significant people not living in the household:** | | | | | | | |
| **Name and Preferred Contact Details** | **DoB/EDD** | **Gender** | [**Parental Responsibility**](https://www.cab.org.je/index.php?option=com_content&view=article&id=290:parental-responsibilityresidence-ordercontact-83040&catid=89&Itemid=107) **(PR)**  Sole, joint or no PR | **Address** | **Ethnicity** | **Religion** | **Relationship to Child** |
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| **Why has the assessment started?** Tick all wellbeing indicators which are of concern: | | | | | | | |
| **Safety** | **Healthy** | **Achieving** | **Nurtured** | **Active** | **Respected** | **Responsible** | **Included** |
| **Further details (please consider from the child and family’s perspectives):** | | | | | | | |

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| **Child’s views*:*** *Please include all views provided which can be in any format e.g. a picture, or ‘a day in the life’ conversation etc.* | |
| **What is going well?** | **Any worries, what could be better?** |
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| **Parent’s / carer’s views:** | |
| **What is going well?** | **Any worries, what could be better?** |
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| **Analysis: describe the child and their situation:** Consider Strengths and Needs in child’s growth and development, their care and support from family and wider community. See the My World Triangle (below) for more information and include any relevant information from any additional assessment / tools used. |
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| **What is the impact of these needs/worries on this child if nothing changes? With the child and parent/carer place a mark on the scale below:** | | | | |
| 1. Low | 2. Low/Medium | 3. Medium | 4. Medium/High | 5. High |

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| **Practitioners involved with this child or with the family :**  Please confirm if the family have consented for assessment information to be shared with each practitioner invited to the Team around the Child Meeting | | | | |
| **Role** | **First Name, Surname** | **Email and Telephone** | **Invited to team around the Child Meeting** | **Consent Given to Share Assessment Information** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |
|  |  |  | **Yes  No** | **Yes  No** |

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| **Next steps:** | | | | | |
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| **Practitioner completing the assessment:** who will be responsible for organising a Team around the Child Meeting, if needed: | | | | | |
| **Role & Name:** |  | **Signature:** |  | **Date:** |  |

**Practitioner completing the assessment should record its completion on their agency’s early help log.**

If you are emailing this document, you must ensure you send it securely. Emails between gov.je, sch.je. gpnet.je, jys.je and fnhc.org.je are secure and do not require encryption. To email outside of this group, use encryption (e.g. Egress or password protection).

**DATA PRIVACY NOTICE**

This Early Help Wellbeing Assessment will be stored by the agency of the Practitioner completing the assessment in accordance with their agency’s Privacy Policy and Retention Schedule. The names and dates of birth of children who are part of the assessment are recorded on the agency’s early help log and this information is shared with the Children and Families Hub Service who hold it on behalf of the Children, Young People, Education and Skills Department (CYPES) for quality assurance and data collection purposes. As a ‘controller’ under the Data Protection (Jersey) Law 2018 CYPES processes and holds your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information, or your permission to use that information. At the following website, we explain what we collect; how we will use your information; and what your rights are: [**CYPES privacy policy and retention schedule**](https://www.gov.je/Government/Departments/PrivacyPoliciesRetentionSchedules/CYPESPrivacyPolicies/Pages/EducationDepartment.aspx)

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| **Early Help Wellbeing Assessment - Consent form for assessment and information sharing** | | | | |
| **Consent to sharing information:** | | | | |
| I / we  understand the information contained in this assessment will be shared with the practitioners as indicated in the table above, so they can help us provide the support needed.  I / we  understand that if the assessment information needs to be shared with other practitioners/services not agreed above, you will ask us for consent beforehand.  I / we  understand that you will treat our information as confidential and you will not share it with another organisation unless required by law or unless I/we or another person may come to harm if you do not share it. | | | | **Yes  No**  **Yes  No**  **Yes  No** |
| **Child and Family’s comments** | | | | |
|  | | | | |
| **Signatures :**  **Children**  **Parents/Carers** |  | **Date:** |  | |

1. Expected Date of Delivery [↑](#footnote-ref-1)