# EARLY HELP – YOUTH ORGANISATION ACTION TAKEN

Please consider whether you need to complete an [Early Help Assessment](https://www.worcestershire.gov.uk/council-services/childrens-services/early-help-guidance-professionals/early-help-assessment-and-guidance) or use this report of action taken with or for a young person.

An Early Help Pathway document and set of guidance notes have been produced to support professionals with the completion of the Early Help Assessment and Plan. Please refer to the pathway and guidance notes in conjunction with this document. These are available at <http://www.worcestershire.gov.uk/eha>

## Section 1- Detail of Young Person

|  |  |
| --- | --- |
| **Date First Contact made** |  |
| **Young Person's Name/s** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Address** |  |
| **Religion** |  |
| **Disability** |  |
| **Language or communication needs** |  |
| **Names of Parent/Carers** |  |
| **Parental Relationship** | **Consider the parental relationship – could Worcestershire’s** [**Harmony at Home**](https://www.worcestershire.gov.uk/info/20676/reducing_parental_conflict/1997/toolkit_for_professionals) **planning tool and resources be used?**  Explain any aprental conflict at home |
| **Other people within the household** *(Names and DOB)* |  |
| **Other family members (e.g. children/parents) not living in family home** |  |
| **Other Significant Adults not in the household** | Relations eg grandparents/ aunts etc |
| **Additional Information** |  |
| **Name and contact details of other professionals involved** | Eg Social worker, teacher, school nurse, police etc |
| **What does the young person want to happen?** | Some questions you could ask might be:   * Young Person's view on services they have received to date – detail any positive impact made * Young Person's views, wishes and feelings regarding their day to day lived experience. Describe the Young Person's perceptions of their day to day life at home and at school. Include extended family and friends they have contact with, leisure / social time including physical activity * Young Person's views and feelings about any concerns they may have and what might help them in their life * What do they want to happen with regards to their current situation. |

## Section 2 - Thinking about the young person that you are worried about:

|  |  |  |
| --- | --- | --- |
| **What were/are you worried about?** | **What has/is already working well?** | **What needs to happen now?** |
| *For example:*  *At this moment in time – what are you most worried about. (\*) – are there any specific examples.*  *How worried is the young person?*  *How worried is the parent/carer?* | *For example:*  *What works well now to support the young person/family when things are going wrong or they are worried?*  *What support network does the young person/ family have?* | *For example:*  *What would make things better for the young person/children/family?*  *What does the family want to achieve?*  *Are they willing to accept help (consent)?* |
|  |  |  |

Having completed this section consider if you need to discuss the family with your manager or Designated Safeguarding Lead? Please refer to Worcestershire Safeguarding Children’s Partnership (WSCP) [Level of Need Guidance](http://www.worcestershire.gov.uk/downloads/file/7962/levels_of_need_guidance_formerly_threshold_guidance).

## Section 3 – Action Taken by Youth Organisation

|  |  |
| --- | --- |
| **Date the Support Started** |  |

|  |  |  |
| --- | --- | --- |
| **What actions were required, as identified by the young person?** | **What action was taken?** | **When? By Whom?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**Review**

|  |  |  |
| --- | --- | --- |
| ***Reviewing* action** | **Review** | **When? By Whom?** |
| What does the young person and or parent/carer think of the progress made? | *Please list the achievements for the young person/ family.* |  |
| What do professionals think of the progress made? | *Incorporate feedback from anyone involved.* |  |
| Are there any issues or barriers to success? |  |  |
| And what can be done about these barriers? |  |  |
| Does the young person/family still require professional involvement? If so what needs to happen? | *Please list the actions that need to be taken.* |  |
| Date of this Review |  | |
| **Next steps needed** | **What needs to happen next?** | **When? By Whom?** |
| What further actions, identified by the young person, need to happen? | *Please list the individual actions here* |  |
| Who will do this? | *This can include the young person and parent/carers and other family or friends, as well as professionals (eg housing, school nursing, GP, school, social worker etc)* |  |
| Dated contacted? | *Set dates for each action. Consider a Team Around the Family Meeting (TAF)* [*https://www.worcestershire.gov.uk/council-services/childrens-services/early-help-guidance-professionals/team-around-family-information-and-guidance*](https://www.worcestershire.gov.uk/council-services/childrens-services/early-help-guidance-professionals/team-around-family-information-and-guidance) |  |
| Proposed date of next Review |  |  |

## Section 4 – Youth Worker details

|  |  |
| --- | --- |
| Name and title of Link Youth Worker: |  |
| Contact Details: |  |
| Days/time available: |  |
| Tel number: |  |
| Email address: |  |
| Organisation |  |
| District |  |

## Section 5 - Agreement

Parental signature is not always required if the young person is [competent.](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines)

We agree that the content of this document is accurate, and we understand that part or all of this information may be shared securely with other relevant agencies, where it is identified that their help is needed. Our privacy notice is available at <https://www.worcestershire.gov.uk/privacy>

|  |  |
| --- | --- |
| **Name of young person:** |  |
| Signature: |  |
| Date: |  |
| **Name of parent/carer:** |  |
| Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Name and title of person completing form**  (if different from above): |  |
| Tel number: |  |
| Email address: |  |
| Signature: |  |
| Date: |  |

**When complete submit/upload via**

[Third Party Professional Assessment (worcschildrenfirst.org.uk)](https://ehmportal.worcschildrenfirst.org.uk/web/portal/pages/thirdpartyassessment#ssa)

This can be found on the [Early Help guidance for professionals | Worcestershire County Council](https://www.worcestershire.gov.uk/council-services/childrens-services/early-help-guidance-professionals) – ‘Submit an Early Help Assessment button’.

**When the intervention with the young person ends:**

* **complete the** Early Help Closing Summary Youth form **(available as a separate document)** and **submit** via [Third Party Professional Assessment (worcschildrenfirst.org.uk)](https://ehmportal.worcschildrenfirst.org.uk/web/portal/pages/thirdpartyassessment#ssa)

This can be found on [Early Help guidance for professionals | Worcestershire County Council](https://www.worcestershire.gov.uk/council-services/childrens-services/early-help-guidance-professionals) – ‘Submit an Early Help Assessment’ button.

**Retain copies for your own records.**