

Request for Early Help Assessment UIN (Unique Identifying Number)

Please use this form when starting an early help assessment to request a unique identifying number to be assigned and to gain agreement from the family in respect of information sharing and storage. Please note you should continue to undertake your assessment whilst you wait for the number to be issued. Please ensure that you complete all sections of the form.

1 Requester details

Date of UIN Request:

Person undertaking the Request

Name:			
Position:		Organisation:	
Email:		Telephone no:	

Lead Practitioner (if known)

Name:			
Position:		Organisation:	
Email:		Telephone no:	

2 Family Composition and Details

Main Parent/Carer

Name:		Gender (MF):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

Parent/Carer 2

Name:		Gender (MF):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

Children

Child	Name	DOB/EDD	Gender (MF)	Ethnicity	School/Nursery	Resident in the home Y/N
1						
2						
3						
4						
5						

Other adult family/household members or significant others

Name:		Gender (MF):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

Name:		Gender (MF):		Ethnicity:	
Address:		Postcode:		DOB:	
Home Tel:		Mobile:			
Relationship to children:					

3 Reason for undertaking this Early Help Assessment

Why is an early help assessment needed at this time? (please tick as appropriate)					
Anti-social behaviour		Health need - child		Sexual health	
Attendance		Lack of progress made		Social isolation	
Bereavement		Mental health – child		Step down from social care	
Child Sexual Exploitation		Mental health – adult		Step down from specialist intervention	
Child Disability		Neglect		Substance use - Child	
Child emotional wellbeing		Offending – child		Substance use - Adult	
Child learning needs		Offending - adult		Teenage pregnancy	
Domestic abuse		Parent disability		Tenancy	
Education, health and care needs		Parent emotional wellbeing		Young Carer	
Existing CAF transferred to EHA		Parenting skills need		Other (please state below):	
Family breakdown		Peer relationships			
Family relationships		Poor housing conditions			
Financial exclusion		Recommended by social care			
Health need - adult		School exclusion			

Please state which is the primary reason from the options you have ticked above?

4 Information sharing and storage agreement - how we will process and look after the personal data during the early help assessment and intervention.

This section must be fully completed and signed by all persons over the age of 18 present at the time of completion of the form with the family, on behalf of themselves and any child or young person for whom they are parent or carer.

We will need to collect a significant amount of personal data relating to you and any children or young people for whom you are parent or carer throughout this process from the initial early help assessment and any subsequent intervention that we establish in order that we can understand and provide the help you may need.

If we cannot cover all of your needs we may need to share some of this information with, or request additional information from other organisations such as health, education, private and voluntary agencies and support services so that they can help us to understand your needs and to provide you with the services you need. We will notify you in advance of any third party involvement.

Please be assured that this information along with any information gathered throughout the lifetime of any intervention offered will be stored securely either within a secure electronic recording system or locked in a secure filing system in line with the agency undertaking the assessment/intervention/role of lead professional's policies and procedures – specific information can be made available on request.

The information recorded within the early help assessment and intervention such as the assessment, action plans and notification of closure will be shared with and recorded by Barnsley Council in their role of co-ordination and monitoring of early help assessments and interventions. Barnsley Council's privacy statement is available to view at www.barnsley.gov.uk/privacy.

Personal information will be treated as highly confidential and will not be shared without your permission for any other reason unless we are required by law to share it or unless you or anyone else will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

The early help assessment and intervention are voluntary and you have the right to withdraw from the process at any time. If you do choose to withdraw then you should inform the lead professional either verbally or in writing.

I understand the information gathered and recorded as part of the early help assessment and any subsequent intervention will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer
I have had the reasons for information sharing and information storage explained to me and I understand those reasons and give my agreement to share and request information in the relevant circumstances
I understand that the information provided on this form relating to myself and others will be recorded and that they may be contacted as part of the assessment and intervention
I understand that the information that is gathered and recorded as part of the early help assessment and any subsequent intervention may be used by Barnsley Council for local and national monitoring and reporting purposes.

Signatures of persons present

Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Signed:		Name:		Date:	
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Professionals Signature

Signed:		Date:	
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5 Submitting the request

Once you have fully completed the form please email this along with the signed early help assessment and intervention consent form to earlyhelp@barnsley.gov.uk. Please note that it is your responsibility to ensure that this information is emailed securely, if you require support with this then please email us to discuss before sending any sensitive information.

Once your request has been received it will be processed and a check will be made to establish if an EHA is already underway or if there is an open social care case. We will contact you to let you know if this is the case.

If there is no existing EHA or open social care case then an EHA Unique Identifying Number (UIN) will be issued to you via email.

You should continue with the assessment while waiting for the UIN.

6 Once you have completed the Early Help Assessment

Once the EHA has been established:

Scan and email the completed EHA and Action Plan to earlyhelp@barnsley.gov.uk within **3 weeks** of the UIN being issued.

If the action plan has not been completed within 18 weeks:

Scan and email the current EHA and action plan to earlyhelp@barnsley.gov.uk at 18 weeks for review to assess progress, timescales and next steps.

When the EHA has closed:

Scan and email closure documents and outcome to earlyhelp@barnsley.gov.uk.